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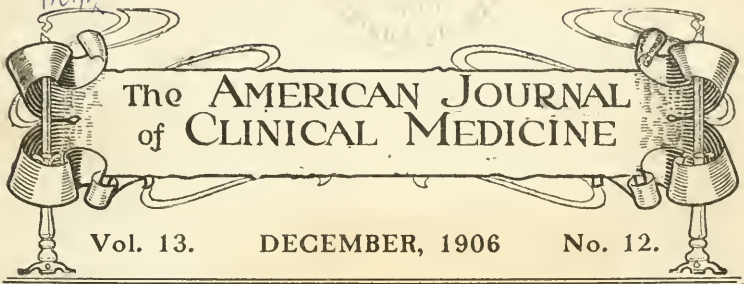

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SOME IMPORTANT CHANGES IN CLINICAL MEDICINE.

JANUARY 1, 1907, the price of CLINICAL MEDICINE will be advanced to $1.50 a year. We don't like to do this but we simply must. A year ago we added 32 pages of reading matter—a good-sized journal in itself—and to carry out our plans next year we may have to add more. We strengthened our "editorial cabinet" with two of the ablest medical thinkers and writers in the country. In addition to the large increase of expense which these changes involved we have had to carry a burden of constantly increasing cost of materials and labor, and an enormous fire loss which alone was enough to stagger an ordinary enterprise. We are not "kicking," understand, just explaining the facts; and these facts, simmered down to the hard matter of dollars and cents, have brought us face to face with the following alternatives: to retrench by reducing the size of the journal and narrowing its scope, or—to raise its price!

We have decided to raise the price. We feel sure that practically every member of the big CLINIC "family" will agree with us that this is the wiser course. We feel almost equally sure that the vast majority of the "family" will show their appreciation by rallying to our support. You can give us this support in many ways, all of which we shall appreciate. But the first and most important thing is *to pay up if you are in arrears on your subscription.* If we can have the thousands of dollars due us from our readers, in the next thirty days, it will lift an enormous burden—put us "on easy street." The next best thing, if you are paid up now, is to renew your subscription for a year in advance, for, mark you, *if you renew before January 1st you may have the Journal at the old price of* $1.00 *a year.* Can you save fifty cents in any easier way?

Another change that we propose to inaugurate at once is "to cut off the dead wood." The journal is worth ten times the dollar-and-a-half a year we charge for it. No one but a "cheap-skate" or "dead-beat" will expect to get it without paying for it—and we want none of these on our list. No, this doesn't mean you, at least we hope it doesn't! The average doctor we believe to be a man of honor who will pay as he goes, if he possibly can. And if the doctor will tell us honestly and frankly when he is hard up and yet wants his journal continued we shall be glad to make any reasonable concession. But the forest of dead timber goes down January 1st. Pay up, Doctor, pay up.

Another change is that the columns of the journal will be concentrated more and more upon therapeutics. It's not enough to talk good and write good—the editors of a medical journal have the duty incumbent upon them *to do good.* Theory is all right in

its place, but we shall leave that to others—its place is certainly not in CLINICAL MEDICINE. Our purpose is to help the every-day doctor in his every-day work. We propose that practical therapeutics, yes, alkaloidal therapeutics, shall stick out everywhere in this journal. This is our great and peculiar mission. Our readers can help us enormously in this way by writing us their experiences. Far more than long, argumentative articles we need short, pithy, pointed clinical reports, lifted right out of the day's work—not of rare diseases and remarkable cures so much as of cases that have helped you and will help others; your experience with an untried remedy or new facts about an old one. And remember that there is a medicinal therapy in surgery, obstetrics and all the other "specialties." That fact should be kept more in the foreground than it is. CLINICAL MEDICINE, through the departments so ably edited by Drs. Lanphear and Robinson, proposes to bring this fact to the foreground more than ever before.

In CLINICAL MEDICINE there will be no steps backward. Every effort will be made to carry it to the high water mark every month, and to inject into it the most helpful and hopeful medical thought of this wonderful century. Every department will be strengthened. We are optimists—we believe that the world is battling forward, and that in this struggle towards the light, medicinal therapy is playing now, and in the future will play a much more important part. To this end, and in our special field, we propose to do our share. We are in earnest and we shall try to bring to you some of our own enthusiasm. Bring back to us, in your turn, the practical help which shall keep CLINICAL MEDICINE where it belongs—at the top. We want it to keep on growing and we shall never relax for one moment our efforts in that direction. But we can't do it all alone. Then help us to make it still better.

THE DISEASE AND THE REMEDY; MERE ASSERTION, POOR PROOF.

Dogmatic assertion is mighty poor argument, particularly when it deals in comparisons favorable to those who assert and gives no basis or method for demonstration or proof.

In view of this generally accepted principle, and the nostrum war now being waged, its very storm center being in Chicago, it is a wonder to us that *The Journal of the American Medical Association*, in its issue of February 3rd, page 358, should say: "Preparations of the crude drugs contain colloidal matter which enhances the action of the pure principles, and they (*sic*) are therefore to be preferred to the latter; a fact to be remembered when reading the circulars of those nostrum makers who lay stress on their extraordinary facilities for supplying *pure* principles."

To this article (one of a series—much if not most of it good), though unsigned, the *Journal* attaches much importance. With the uninitiated a statement like the above will have weight, exciting a strong influence to perpetuate the very thing which they and we decry (the nostrum evil). To those who are alive to the real gist of the active-principle movement, their object appears to be to tear down with one hand, while with the other and stronger they seek to build up and perpetuate the *chief underlying cause* of the very thing they would destroy.

Uncertainty of means and methods at command makes for uncertain teaching; uncertain teaching makes uncertain doctors; uncertain doctors make the nihilist, the impotently anxious to succeed, the char-

Why an obstetrical case should not be conducted with the same regard for asepsis as a surgical one is a mystery.—Jackson.

Three Indiana Medical colleges have united to form the medical department of Purdue University, most wisely.

latan and the quack! The doctor is unsettled; the people are restless and unsatisfied (for they instinctively feel and know all this); along comes the nostrum with its forceful, optimistic claims, and as the floater grasps at the straw that touches his hand, so all grasp at the presentation, striving to lift and save themselves by it; till at last, deluded with its false promises, the doctor and the people alike find themselves enfolded in the tentacles of the octopus.

To the last clause of the above quotation we have nothing to say—who the writer is hitting we do not know, for we are not aware that anyone is furnishing "nostrums" under the conditions named. But the statements made in the first clause form another of those baseless assertions that have of late characterized the pages of various journals.

But today we are not criticising so much as asking for information: Therefore, what are these "colloids" to which reference is made? Where is the proof recorded as to their efficacy in medicine in addition to that of the pure active principles? If these colloids are efficacious they are to be ranked among the "active" principles; they should be extracted and placed in our hands to be used in a scientific manner, not left to the uncertain and varying chemistry of nature to mix in haphazard manner with the *active* principles, upon the presence and absence of which the utility or inutility of all vegetable drugs depends.

This active-principle work is by no means completed; in fact, it has but just begun. For example, the chemistry of such remedies as aloes, rhubarb, senna and cascara has not as yet been sufficiently developed to permit us to replace the cruder extracts by any single active principle or combination of them. After many trials an aloin has been secured which has given better satisfaction than the extracts; and when both were supplied the profession has given its verdict to progress by using many times more of the definite active principle than they ever used of the varying extract. From time immemorial the physician has recognized the valuable properties of aloes, but it was harsh in action and uncertain in result, hence had been laid aside for more trustworthy things; but when aloin had been brought to its present perfection, with what avidity the old remedy, represented in a form that permitted perfect control of the dosage, was resumed.

The failure to find such available principles in the other members of the anthracene derivative group, has led to their disuse by many progressive members of the profession —in fact these drugs figure mainly in proprietary nostrums, and in the practice of physicians who have grown too set in their ways to alter them with the advance of modern science. But do not mistake the purport of these remarks—we have the most kindly, respectful, reverential sentiment for the venerable gentlemen who make use of Lady Webster dinner pills, tincture of aloes, black draught, etc. We recognize, with admiration, the good work they do with such tools; and we also realize that such ancient formulas have been largely instrumental in the production of that therapeutic nihilism which, with its congener, the nostrum evil, has at last cleared the way for scientific therapeutics.

The Association Journal, and its able Committee of Pharmacy and Chemistry, have started in good faith to inaugurate a therapeutic reform; it began, through the work of this Committee, by seeking to purge their publication from objectionable advertising and to urge physicians to do their own prescribing; they plunged boldly into the seemingly impenetrable thicket, but

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The *Texas State Journal* strongly urges the motor cycle as a means of locomotion for physicians of that good-roads state.

Cantrell (*Tex. S. M. J.*) tells of a pelvic cyst burst by an osteopath in his manipulations, with perilous hemorrhage.

before they knew it they found themselves out of the shadows, on a well-traveled highway leading to active-principle therapeutics! Are they frightened at their own temerity? Are they afraid of being suspected of having some leaning away from drug skepticism (born of drug uncertainty) toward this irresistible evolution from uncertainty to certainty?

N'importe! Spero un poco! By and by they'll join us, and cease to give their sanction and support to such relics of the dark ages as the fallacies of the paragraph we have been discussing. Some day they will glory with us in this movement toward a definite and truly scientific therapy, that marks the decadence of the inefficient in medicine. Toward this goal tend the hopes and efforts of every honest physician and every legitimate pharmacist.

Brethren of the quill, physicians and pharmacists everywhere: We have shown you the disease expression, and we prescribe the remedy—better, truer means and methods; the exact teaching of an exact therapy, from the basis of physiologic effect; of definite remedial forces as opposing or affecting symptom and pathology instead of empiric applications to named diseases —all of which calls for the making of better doctors, with faith founded on exact knowledge and ability to do; which again calls for the adoption of pure, true drugs and chemicals of known and unvarying strength, and in the case of the vegetable drugs the isolation and use of the active principles on which, in ever-varying proportions, the ever-varying actions of their never-the-same galenic preparations must of necessity depend.

Will you help apply it?

Or will you go on aiding and abetting this uncertainty, the very existence of which is a bar to real scientific progress, and which is stultifying and disgracing every one of us? It's up to you.

THE MILITARY SURGEONS' ASSOCIATION OF AMERICA.

One can not attend one of the meetings of the Association of Military Surgeons of the United States without soon appreciating the different tone prevailing from that of some of our medical associations. The elevated courtesy manifested here, the meetings of old comrades, the good feeling, the interest in the scientific aspects of topics discussed, the worldwide experiences, views and interests, and the entire absence of politics, wire-pulling, intrigue, log-rolling and petty ambitions, are most agreeable.

This year the Enno Sander gold medal went to Major Pilcher, to everyone's entire satisfaction. The Major has done so much toward building up the organization and is so much liked for his pleasant personality that all were pleased at his success. Col. Senn's remarks on ligatures were heard with respectful attention. When a Senn speaks it behooves others to listen—and they did. Nobody questioned his condemnation of catgut or his suggestion to substitute the tendon from the narwhal. This, he said, could be obtained from the Eskimo for a song. But—there are over 140,000 physicians in America, all surgeons! Every last man will accept any suggestion made by Nicholas Senn. How many narwhal must be slain to supply such a demand? How long will it be till that race of marine animals will follow the right and sperm whales into extermination? If the shark contains tendons that could be utilized, it would be another matter, for the supply of these sea-tigers is inexhaustible, and their destruction would increase the supply of food fishes.

And now we hear that Russia has been caught exporting the flesh of unborn calves into Germany, for food of human beings.

An English physician writing about the disclosures on filthy methods of handling meat suggests looking at home abattoirs.

Capt. Grant of Kentucky read a paper on some local uses of yeast, in genitourinary infections. This matter deserves attention. Probably nuclein is the active agent. The method is a sort of local feeding. Dr. Grant found that yeast exerted a remarkable control over gonococcal processes. Tuesday evening a public meeting was held at the Y. M. C. A., and addresses made by Roswell Park and other of Buffalo's orators. The white dresses of the ladies and the gorgeous uniforms of the officers made an attractive spectacle.

Major Pilcher was in his element when he decorated a number of the foreign delegates present with the handsome medal of the Association, making a neat little speech while so doing. Many, like Col. Marechale, the handsome French delegate, had received similar honors at previous meetings, but the representatives of Great Britain, Canada, Mexico, Guatemala, Honduras, Nicaragua, and China were welcomed as new members.

Major Thackeray received the compliment of a freer discussion of his paper than most of the others. The report was current that the Japanese had erected a factory for the preparation of active-principle granules for the use of their army and navy. One delegate remarked disgustedly—"Yes, they would be the first to take up a good thing!" And another growled back—"and we will be the last." But the sentiment of the meeting seemed to be decidedly in favor of the dirtless, portable, soluble, quick-acting, non-deteriorating active principles.

Attention was directed to a recent magazine article in which the medical corps was blamed for extravagance for the condemnation of many thousands of dollars' worth of spoiled stores. Assuredly the doctor is not to be blamed if things spoil, but the listing of drugs not liable to deterioration is politic as well as advisable on other grounds.

Medical Director Simons spoke of the indestructibility of the tablet triturate and the disintegration of old-fashioned pill coatings when subjected to the influence of varying climates in navy service. Major Thackeray has alkaloidal granules he has carried for nearly twenty years, through several trips through the tropics, which are unchanged in every respect, the active principles being permanently embalmed in its milk-sugar vehicle and yet remaining as soluble as the day when they were made.

Dr. Weetenbaker gave a valuable paper on identification by finger prints and its utilization in epidemics to verify passes issued to individuals. This was followed by a scholarly paper on splenic abscess by Surgeon Bell, U. S. N., which was evidently based on exhaustive studies—enough to furnish a score of the ordinary medical paper.

One of the most practical papers was that of Surgeon Rucker of the Marine Hospital Service, describing the technic of a campaign against yellow fever by the health officer. This was so highly appreciated that it was suggested that it be forwarded to every state military commandant, colonel and adjutant, and that every member lay away for reference the number of the *Military Surgeon* containing it—but as was well said, every number of that journal, so ably handled by Major Pilcher, ought to be similarly preserved.

Capt. Ashford, U. S. A., describes the prophylaxis of uncinariasis in Porto Rico, and laid stress on the necessity of protecting the feet and destroying the feces containing the worms. The pleasures of going barefoot have their drawbacks.

Surgeon Berry, of the Marine Hospital Service, spoke of "steamigation" as destructive of the mosquito.

Remarkable how our fears of the toxic action of strychnine have been dissipated in the last decade. —Livengood, *J. M. S. of N. J.*

Pneumonia:—I believe we should lay more stress on atropine as a respiratory stimulant.—Livengood, *J. M. S. of N. J.*

Medical Director Simons, U. S. N., discussed the medical and sanitary problems to be met in the modern navy, as distinguished from the old frigate days. The modern battleship is constructed primarily as a fighting machine, and the surgeon must adapt his measures to the conditions presented by it. The complexity of construction renders the task of securing cleanliness and other sanitary conditions anything but easy. But we may always reckon on American ingenuity, and Col. Simons told of ways of meeting the emergencies as they arise.

Col. Havard spoke of his personal observations on the workings of the Russian Red Cross during the Manchurian campaign, and Major Seaman again eulogized the Japanese Medical Service. Dr. Corbusier presented an improved form of canteen, which still partook of the worst and most common fault of such receptacles in that it was empty, and, therefore, the deviser lost an opportunity of winning the enthusiastic commendation of the meeting.

Lt. Col. Ross of the Mexican army presented a medical chest designed to be carried by a mule over mountainous roads which showed that our southern neighbors are by no means devoid of ingenuity and appreciation of practical matters.

To our great regret these were the only papers on the program we heard. The heat was so excessive that we could rarely endure the room for more than a few minutes at once, and the acoustics were so bad that with difficulty and straining our ears could we hear but one word out of three even at a short distance. But all the papers are to appear in the *Military Surgeon*, formerly the *Journal of the Association of Military Surgeons of the United States*, which in deference to the brevity of human life, has curtailed its title, while at the same time it has expanded in helpfulness. The reader will find there a number of most important papers in which surgeons from the military services of the civilized world treat of matters pertaining to their work. It is of importance to every man of sufficient education and weight to take interest in military or sanitary affairs. The difficulties met by our surgeons is coping with hygienic problems, sometimes we fear with the jealousy and ignorance of line officers, are described, and the blame for the frightful mortality of soldiers and sailors from preventable disease is placed where it belongs.

We recommend this journal to our readers.

The entertainments were lavish, as the reputation of Buffalo led one to expect. Through the courtesy of Dr. Roswell Park, the Buffalo Club opened its doors to the visitors. A reception was held at the Lafayette Hotel, and the ladies were treated to a succession of theater, automobile and other parties, and on the last day all united in a delightful trip on the revenue cutter Morrill down the river to the Falls, thence down to Lewiston and back along the gorge by trolley, winding up with an elegant repast tendered by Major Butler of the Natural Food Company. Here are made those popular foods, shredded wheat and triscuit, which we all eat, but which, with a modesty that won many encomiums, and with the exception of a single triscuit, did not appear on the bountifully furnished table.

Despite the sultry weather all left with the conviction that Buffalo is the place for meetings, Buffalo people have no superiors in hospitality, and that we shall be glad to go there again.

Col. Valery Havard was elected President for the year, and the Association accepted the invitation of the Jamestown Exposition management and will hold next year's

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If all the people in the United States would at once begin chewing properly, three-fourths of the doctors would be put out of business.—Kellogg.

We have been ashamed to confess our inability to scientifically treat disease, prone to make fine diagnoses.—*J. M. S. M. A.*

meeting there—probably making Norfolk headquarters.

No medical officer of the State troops can afford to miss these meetings. They are schools of instruction for him in his official duties, by the men who see real service the world over.

OPSONINS.

This new term we owe to Prof. Wright, of St. Mary's Hospital, London. He evolved the conception of "opsonins" from the Greek, "hopsoneo," "I cater for." He assumes the existence in the serum of the human body of principles which have the power of so acting on any invading bacteria as to render them an easy prey to the phagocytes. As there is a distinct opsonin for every variety of microorganism this hypothesis credits the body with an innumerable multitude of these opsonins. The quantity of each in the body represents the resisting power of the system against the corresponding disease. The estimation of this quantity therefore becomes of prime importance in prognosis, and in directing our therapy, since under certain narrow limitations we can increase the opsonin resistance.

This estimation is made by comparing the number of bacteria found in a certain number of phagocytes treated with normal serum with the number found when treated with serum from the patient. The result is termed the opsonic index. Observations show that the opsonins are present in blood serum, and independent of the leucocytes; they are distinct from bactericidal and bacteriolytic principles; they pass from the serum to the bacteria and in some way prepare them for ingestion by the phagocytes; variations in leucocytes do not correspond with variations in the opsonic index; opsonins are specific for specific infections; they are destroyed by heating to 60° C., for a few minutes (?); *in vitro* their power falls gradually.

The opsonic index of a healthy person remains fairly constant, but is increased by exercise. In tuberculosis it is low, lower during menstruation. Any bacterial vaccine, like tuberculin, causes a primary fall, followed by a rise above the former level, then subsidence to a point still above the former level. The first fall is termed the "negative phase," the following rise is known as the "positive phase." Inoculation with a vaccine during the negative phase causes a further fall, with little or no subsequent rise; inoculation during the positive phase causes a small negative phase and then a positive phase superimposed on the first one. An operation or dressing a wound causes a negative followed by a positive phase. Nuclein acts like tuberculin.

The ideal in treatment is to obtain a cumulation of positive phases never giving an injection during the negative phase. The result in staphylococcus and tubercular infections is good. The clinical condition is an unsafe guide, as the patient may feel and seem worse during a negative phase. Not every case is suitable for inoculations. No one would dare inject fresh poison into a septicemic patient. If the immunizing defense is breaking down, as shown by marked variations in the index, a useful reaction cannot be expected from inoculation of more poison. The best cases are those whose index is low, the infection focus localized. If a tuberculous patient has fever he should be kept in bed till the temperature is normal, then the inoculation began.

The vaccines are watery emulsions of bacterial cultivation, diluted to contain 500,000,000 bacteria to the Cc., and sterilized.

The results at Guy's Hospital as reported by French, are said to be encouraging. Of

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While the great northern cities rank pneumonia as the Captain of Death, New Orleans in May reported 21 deaths from it and 90 from phthisis.

Among eclectic remedies for tetanus are gelsemium, passiflora, solanum Carolin., and echinacea. —*Medical Gleaner.* Try solanine.

five cases of genitourinary tuberculosis three were cured, etc. Other treatment was also employed. This is not especially "encouraging" to the ordinary practician who is not accustomed to look upon a febrile tuberculosis with much trepidation. Nor is he in any particular need of a new treatment for acne, gleet, or ordinary suppuration which requires the enormous expense and tedium of such laboratory methods.

But a really important result of these investigations relates to the time for surgical intervention. Operations should only be performed on tuberculosis patients during the positive phase following a preliminary injection of the tuberculin. The negative phase due to the operation would then be superimposed on the positive phase of the reaction to the injection, and would be harmless; if superimposed on a negative phase due to an unobserved autoinoculation the cumulation of negative phases might easily result in general tuberculosis.

As a diagnostic point, persons whose opsonic index is below 0.8 or above 1.2 are probably tuberculous.

As yet the matter is in its incipiency, and there is little evidence of practical utility. The method is specially advised in local infections and the advice is given that the primary infection focus shall be evacuated and cleaned as radically as possible. The benefit arising from this is so decided that there seems little reason for attributing any of the benefit following to the inoculation with vaccines when toxicity is such as to render such elaborate cautions necessary as are given. Indeed, the thought is forced on us, if the small and problematic advantages secured are enough to justify the exceeding trouble necessary to secure them, what *wouldn't* these gentlemen display in the way of enthusiasm were they to become familiar with the sulphides, nuclein, the tonic arsenates, and the "clean-out and keep-clean" methods.

ASSAYING AND STANDARDIZING.

In the *Pharmaceutical Review* Puckner contributes an interesting article on the estimation of alkaloids. From this we learn that the Pharmacopeia has adopted a new and improved method of determining the alkaloidal strength of drugs. This acknowledges the imperfection of previous processes and casts a shade of suspicion on their results. It is assuredly not in line to make a fetish of standardization, at least until the newer method has been tried. Possibly imperfections may develop in it. Moreover, when a drug has been assayed and the alkaloidal strength accurately determined, how are you going to keep it there? Are the processes of degeneration stopped by assaying? Are evaporation of a carelessly stoppered bottle and oxidation also prevented? Take the clean, pure alkaloids and bury them in a mass of milk sugar, and in twenty years there has been no detectable change. This can never be truthfully said of any alcoholic preparation, of any tincture or extract, solid or liquid. In fact, Puckner's paper illustrates our first point by recording his objections to the method of assay adopted for that important article, nux vomica.

We do not have to assay strychnine.

How hard some people try to get away from the active principle is shown by quotations from Naylor, who says preparations should aim to represent the total therapeutic activity of the drug, except as in opium where narcotine may be objectionable, and that processes should be devised to estimate the several medicinal principles present in the drug, *including those now disregarded but which will be found to modify the therapeutic*

There seems a direct relation between certain gastrointestinal crises and very decided rises in blood pressure.—Flexner.

Automobiles have killed off London's vets till from 6,000 the number in 3 years is estimated to be only 300.

effects! Unfortunately while you are devising means of clinging to your beloved dirt, the therapeutic effects of your preparations are being now and always affected by the presence of these "disregarded" ingredients. He says: "While it is an acknowledged fact that there is a growing demand for definite vegetable principles, yet there is no perceptible decline in the use of preparations of drugs." The natural increase is going to the active principles. The galenics are surely becoming obsolescent; in a short time they will be curiosities.

We learn further from this article that the pharmacal authorities are by no means agreed as to the methods for testing aconite, and again we say, better stick to aconitine until they agree. In discussing the assay of mydriatics we learn that too vigorous shaking may form an emulsion, and presumably vitiate the result. How teach a drug clerk just how hard he is to shake a bottle? Strong alcohol shows more alkaloid present than weaker spirit. Apparently no distinction is made between the antagonistic bases in hyoscyamus, the total alkaloid alone being considered. Accuracy?

Speaking of the official method of assaying cinchona Puckner says: "In my hands the method has failed to correctly indicate the percent of total alkaloid." How about less skilful handlers, to say nothing of the doubtful value of mixtures of all the cinchona alkaloids in unknown proportions? Accuracy? Scientific therapy?

Coca is assayed so as to exclude the other alkaloids besides cocaine and these are ignored. Why then bother about the fluid preparations when we have the cocaine itself?

Mr. Puckner proceeds to object to the assay processes employed for the caffeine bearers, and to pronounce those proposed for colchicum as "far from satisfactory, usually tedious and not exact." What a basis for the employment of that powerful and most valuable agent. Does it not make one feel satisfied to leave colchicine for the liquids that are so precious in the eyes of some people?

TREATING SHOCK.

In the *Medical Record* Dr. Lucy Waite discussed shock in an article of unusual merit. In fact, it is too important to abstract and we ask our readers to obtain the entire paper, in the *Record* for Sept. 8, 1906. A few of the salient points will show the scope of the paper, and its practical importance.

The literature is scanty. Quain explained shock as due to sudden dilation of the abdominal vessels, attributable to an inhibitory influence exerted upon the splanchnics through the medium of a special reflex center. A singular lapsus occurs where the author says: "It would almost seem that the proposition could be laid down that the power to withstand and overcome shock is in inverse ratio to the susceptibility." The context shows clearly that "direct" should be read for "inverse."

Clinical observations point to a large mental element in shock and the most easily affected organs are those most vascular and most liberally supplied by the sympathetic nerve. In elderly subjects high blood pressure, from arteriosclerosis, permits shock from relatively slight reduction of pressure. Hemorrhage predisposes by producing ganglionic anemia. The diminution of shock due to anesthesia speaks loudly against partial and local anesthesia. Shock following deep and prolonged anesthesia is attributed to the traumatism involved in prolonged handling and traction on the abdominal viscera.

I do not think the effect of nitroglycerin is permanent enough to make the desired impression on vascular tension.—Flexner.

Immunity being a result of phagocytic action to fight infection, we should stimulate the cells, not weaken them.—Metchnikoff.

Two theories of shock have been advanced —vasomotor paresis and cardiac paralysis. Nearly all hold the former. Nervous impressions conveyed to the medulla by afferent nerves cause vasomotor paralysis and dilation; blood pressure falls; the vessels lose that normal tonicity that is necessary to the rapid transmission of blood; complete capillary stasis may follow, the right heart is engorged, blood accumulates in the veins and the arteries are empty, the patient bleeding into his own abdominal vessels. Cerebral anemia results. The heart and other organs suffer secondarily from the want of proper stimuli from the anemic centers, due to paralysis of the solar plexus, the abdominal brain. The resultant phenomena are difficult to classify as they vary greatly, according to the strength of the impression made on various parts of the sympathetic nerve distribution and their resistance.

The distinction between pure shock and internal hemorrhage causing syncope may be difficult. In the latter there is a gradually rising pulse with gradual lowering temperature; in shock the maximum rapidity of pulse and fall of temperature occur at once after the injury or other exciting cause, whatever it may be.

Prognosis is uncertain, depending on an unknown element, the vital force; but the temperature is the best guide, its prolonged depression below normal always being ominous.

Crile demonstrated the harmfulness of strychnine. The indication is to raise the blood pressure, by sedating the sympathetic and relaxing the arterioles. He advised compressing the abdomen and extremities, and administering adrenalin with salt solution. Halstead suggested morphine. Waite thinks that by adding to the above rest and moist heat we fulfil the requirements. The use of strychnine, digitalis, glonoin and whisky is irrational. The overworked heart may be whipped by strychnine into a last effort ending in exhaustion. For hemorrhage we must restore the volume of the blood, but if the normal quantity is in the body and simply misplaced, a sudden addition to it is irrational and may increase the local congestion. Water will be absorbed from the stomach and bowel as fast as the system can appropriate it. Dawbarn found that pure water injected intravenously killed a dog as quickly as prussic acid. If for hemorrhage such injections are requisite normal salt solution should be employed. In deficient renal action the quantity must be less. Mummery says the ideal treatment would be raising the cutaneous pressure. It is only harmful to give food or medicine by the stomach. Perhaps the principal therapeutic resource is rest, anatomic and physiologic. The preventive treatment lies almost entirely in the domain of surgery, but the eliminants should be brought to normal activity before operating. Rapidity is imperative. Mummery says that turning the intestines out of the abdomen is always followed by sudden and dangerous fall of blood pressure. Ether causes a rise, chloroform a fall; the mixture is preferred by Mummery.

The remedial indication seems to be an agent that will increase the contractility of the abdominal venous trunks and capillaries specifically, without affecting the cutaneous circulation. Possibly when the profession turns its attention to the study of drugs we may find such an agent. But it seems singular that we have in snake poison a specific relaxation of the abdominal vessels, going on to cerebral anemia, and that this is exactly neutralized by maximum doses of strychnine, large enough to be fatal were it not that they are neutralized by the venom; and that this

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Intestinal putrefaction being a cause of general wear and tear in the body, its prevention must be beneficial.—Metchnikoff.

Wolf cures seasickness infallibly by hot compresses applied to the brow. How about clearing out the bowels first?

agent should be contraindicated in an apparently identical condition.

USE IT AND WELCOME; PASS THE GOOD WORD ALONG.

Every now and then someone writes in to know if he may use something in the CLINIC and this is to say to him and to everybody else that he may, so long as it is used in an honest endeavor to benefit the medical profession, and CLINICAL MEDICINE is given due credit.

Every page of this journal contains thought suggestors, ideas that could and should be elaborated into articles for your societies and for the current medical press not as fully supplied with material fresh from the firing line as is CLINICAL MEDICINE. Therefore, we are glad to accord you this privilege and do so in the hope that you will make much use of it.

Strong forces are at work for the medical profession and it is indeed meet that each renders all the aid he can. Make this a personal responsibility, Brother, each for the other, and great good will be accomplished.

JUSTICE TO THE OLD DOCTOR.

To Dr. James A. Egan of the Illinois State Board of Health, the profession—and by that I mean the profession, and not any set of medical politicians—owes a debt of gratitude which ought to be publicly acknowledged. Dr. Egan has resisted a temptation to which others have fallen victims, of attempting to elevate his own reputation for "lofty scientific standing" by placing the requirements of candidates for registration in the State at a preposterous height, by establishing unnatural conditions. Dr. Egan has steadily maintained that examining boards have been instituted solely for the protection of the people against incompetent practicians. Some boards seem to have concluded they were instituted for the exclusion of all but the incompetent practicians. By this designation we here refer to men who have so exclusively devoted their attention to laboratory work that they have had neither time nor brains left for considering the problems presented to the clinician. It is of course very gratifying that the recent graduate should be able to recognize any specimen shown him on a microscopic slide, and that he should be able to answer every question to be found in the quiz compends. But to compare such a man as the practician with the one who has done good service in the field for twenty years, devoting his attention exclusively to the work his duties as such place upon him, is preposterous.

Recognizing the importance of this matter, Dr. Egan announced that a credit of 5 per cent would be given to practicians for each five years they had been working in that field. The justice of this ruling is being recognized, and we are glad to state that Missouri has also adopted it. We hope that other states will do likewise; and that the principles of reciprocity which Dr. Egan has advocated shall also be established as an integral and universal part of our system of medical examinations.

Otherwise it will inevitably be reduced to absurdity. Should the California Board plume itself on its superiority by rejecting 50 per cent of the applicants, it is easy for the Colorado Board to come back by refusing 75 per cent; and any other can put both to the bad by finding 100 per cent deficient. By this time the legislatures will be taking a hand, and the result can only be the repeal of the whole system and the abolition of all restrictions. There is always a strong party in favor of this anyhow, and an obvious and unquestionable demonstration of the justice of their contentions like this,

For rhus poison Shoemaker advises soda thiosulphate, 3 drams to a pint of water, as a lotion.—*Medical Bulletin.*

For chloasma Shoemaker advised corrosive sublimate, 5 grains to 2 oz. water, as a lotion to destroy pigmentation.—*Med. Bulletin.*

would quickly turn the majority in their favor.

CHEAP DRUGS DANGEROUS.

In preceding numbers of CLINICAL MEDICINE we have called attention to some of the adulterations, substitutions and sophistications of drugs, and have shown the enormous prevalence of these things. We cannot understand how any physician can read these stories without being appalled, and without inner questionings as to whether some of his own failures are not explained by these facts. Can it be possible that the patient who failed to respond to your aconite or your digitalis, which seemed so plainly indicated, died because the drug you were giving was worthless? Did this failure shake your faith in medicine? It's worth while to think it over.

Knowing, as both physician and druggist must know, that this deadly "stuff" (it doesn't deserve to be called medicine) is not only worthless in a large percentage of cases, and in others may be positively deadly, because it presents the possibility of overdosing in cases where the right thing in the right dose is imperatively required, we must ask the question: Why do they do it? What can lead any man to dispense drugs that are dangerous? The answer is, because they are *cheap*—both the drugs and the man! The devil of cut-throat competition beguiles them—anything to undersell competition, to make a little more money, to *save* a little more money. To "save," at the expense of human life! Can anything be more damnable?

And it is also true that there are physicians who are lead astray by this devil of cheapness, who buy the drugs for their own dispensing where they can buy them the cheapest. Brethren, be careful! You are playing with fire, risking your own reputations as well as the lives of your patients. Even though the medicine may be "all right" in nine out of ten of your cases, will it be right in the tenth—possibly the one upon which your own future depends, possibly one of those most dear to you? Can you afford to risk the use of a remedy bought mainly on account of its cheapness and which you do not know to be *good*. It doesn't pay, not even from the standpoint of economy. The few cents you save count but little when weighed in the balance with human life. The medicines which a physician uses should be known to be *always* good, always uniform in dosage, invariable in strength, definite in results. The doctor owes it to himself to get the very best every time, no matter what it costs. The best is never too good for the doctor. Are you getting the best, or are you one of the "savers?" Bring the whole problem, in all its bearings, right home to yourself.

THE HEALTH OF OUR SEAMEN.

In the *Journal of the Association of Military Surgeons* for October, Surgeon C. J. Decker, U. S. N., contributes a most interesting paper on the health of crews of the modern battleships. He considers especially the exposure to climatic extremes occasioned by such cruises as that of the Russians, ending in the battle of the Straits of Korea. Some at least of the elements of defeat were to be found in the eight months' cruise from the Baltic through the tropics, with sea food most of the time, on men unaccustomed to the heat or to the sea, most of them being raw recruits. It is indeed probable that most of these men went into the battle in a condition which totally unfitted them for the mental and physical strain. We scarcely realize what this means, but an expert, who knew, disapproved of the rapidity with which the great guns were fired at practice, "because the

For a pianist with occupation neurosis Shoemaker advised with other treatment strychnine and iron.—*Med. Bulletin.*

In an excellent lecture on anal eczema in the *Med. Bulletin* for July, Shoemaker called attention to the intestinal implication.

crews would be exhausted before half the ammunition had been used." The same condition of exhausted vitality was present in the crews of the Spanish fleets that fought the battles of Santiago and Manila.

The author goes on to give some remarkable figures from his experiences with our own battleships. He believes such a vessel on going into commission should spend the first six months in home waters in a temperate climate. The men are by that time conversant with their duties, and accustomed to sea food. Even then, not more than four to six weeks should be spent continuously in the tropics, and quick changes to icy latitudes should be avoided if possible.

It seems incredible that even at this late day the medical officers of the U. S. Navy should not be consulted in the construction of vessels, in those points wherein their advice would be valuable. The location, construction and ventilation of the men's quarters, as well as of the hospitals, are matters in which the ordinary ship constructor ought to have the advice of a sanitary expert.

Engrossed with the problems of displacement and weight-bearing, offense and defense, speed and security, the naval constructor is too apt to forget that, after all, the value of his ship depends on the health and efficiency of the men who compose its crew.

We cannot but agree with Dr. Decker's objections to placing the sick bay in the bows, which must be battened down when at sea; or as in the Kearsarge, within the casemate armor, where boilers, engines and dynamos contribute constant noise and heat which certainly cannot be conducive to recovery. That this objection was well founded he shows by the fact that this ship lost from death or invaliding 264 men in three years, this being 94 more than the largest number lost by any high freeboard ship in the squadron. In our day the sick bay of our ship was located in a place where no sane man could possibly expect a well man to keep alive; but we obviated the difficulty by ignoring the sick bay and placing our patients up under the forecastle where they had light and fresh air. Let us hope that the new Secretary of the Navy will be a man who realizes the importance of these matters, and will detail medical officers to participate in the plans for the construction of our new vessels.

In the preparation of the food for the sailors Dr. Decker has some problems to present which seem to us very difficult of solution. For instance: Under the conditions he describes, if eggs and bacon are supplied for breakfast, the cooks must begin to fry them four hours before the meal. We rather agree with the doctor, that the men who get those first fried mustn't be very particular, or they will go hungry.

HOW MEDICINES ACT.

In the *Physio-Medical Record* for September is a paper by Dr. F. G. Anthony entitled: "How do Medicines Act?" that is worthy of attention. No physician can remain contented to observe and even cure the phenomena presented by disease without seeking to investigate their causes, to solve the eternal *why* underlying them. He must ask, what is disease? What are medicines, and how do they act to relieve or cure?

The cells of the body are not monocratic in their government of function, but tissue unit acts on unit. Vitality is the entire ensemble of elementary energies. The first laws of living organisms is the constant absence of equilibrium, but this is rendered imperceptible by compensatory balance, in the individual. Disease is a perceptible lack of equilibrium, and since all vital activities may increase or diminish we may

There is only one virtue, sincerity, and one vice, insincerity; all others are simply special applications or phases of these.—Millican, *St. L. M. R.*

Santonin gives remarkable relief in the lightning pains and laryngeal crises of locomotor ataxia; gr. 1-6 every 1-4 hour.

have sthenia or asthenia. No matter how simple at the start this must occasion a widening cycle of perturbations.

To restore balance we must consider the relation of therapeutic agents to the vital functions and the tissues. The distinction between foods and medicines has not yet been established despite the most subtle reasoning. Ordinary want of equilibrium is compensated by food; an extraordinary disturbance demands extraordinary remedies.

"It seems clear that morbid conditions are of themselves therapeutic guides, since upon the relief of them depends the disappearance of their cycle of perturbations; and that the direct evidence of such essential morbid tissue changes is the character of altered impressionability. Inasmuch as every medicinal agent coming in contact with living tissues occasions changes in vital activity, and that such changed vital activity must be of the nature either of reaction or of inhibition, it follows that in recognition of the relation between impressionability and therapy, the medical impression required must be opposite in kind to the dominant impressional state of the tissues to be impressed."

OUR RELATION TO THE LAITY.

No one tries more earnestly than we to keep the laity from medicating themselves. Continually we pound at the doctor the unwisdom of leaving his journals on his waiting-room table for patients' perusal, telling their patients to send to the maker for medicines, etc., but they keep doing these and many other foolish things until we grow weary.

Not a day passes without many letters coming to us direct from the laity asking for medicines, for treatment, etc., and to all of these we say *NO!* Our routine is to return the money and refer the patient to his or her own doctor, or give the names of those within reach who use alkaloidal methods. But here are two cases in which we ask our readers where we are to place the limits: A minister, in a distant town, wrote asking for our personal attention in a certain case. It was a perfectly clear one, where the proper use of the right medicines in proper form simply could not fail to cure. We declined to do so, but prepared a careful outline of the treatment, which we forwarded with the request that he should place it in the hands of the attending physician. In time came the reply—the physician said he had already "tried" the remedies and they had failed! *It was a case in which failure was an utter impossibility.*

In the other case a lady was suffering from gallstones, typical, fully diagnosed. The case was urgent. We said *no* to lay importunity but sent *the physician* the treatment so frequently advised in this journal—sodium succinate, boldine, chionanthin, with antispasmodics (glonoin, hyoscyamine and strychnine arsenate) for the paroxysms. The physician neither acknowledged our courtesy, nor paid for nor returned the goods, but told the patient he had had them "analyzed," strongly intimating that they consisted of disguised narcotics (they were plainly labeled as above), and that he had previously "tried them in the case and failed!" Please note—these remedies were sent to him at once because the patient was in agony and prompt relief was imperatively needed. What else could we do?

This doctor did not tell his patient the truth. He did not analyze the drugs—he couldn't. He had not used the same remedies and failed, for no one advocates this treatment but ourselves. He was not a subscriber or customer, and by his own account had never heard of us.

God help the people who depend on such medication and such medicine as this Old World and this Oriental World possess.—Lloyd, *E. M. J.*

While the right drug indirectly makes for cure, we are about 50 times as apt to give the wrong one. —Cooper, *E. M. J.*

Must we be lenient toward men who meet us with falsehood, false witness and lying slander? Yes, we will be, but it swallows hard.

The only rule of conduct men can adopt is to do the right thing, not that or *because* others do likewise, but because it is right. What the other man does concerns only himself, and does not warrant our own departure from the straight and narrow path. But—there are sure some mighty mean men in the medical profession. And a whole lot more foolish ones who are so careless with the business end of their profession that they don't deserve to succeed—and they don't more than half.

PREJUDICE OR DUTY?

Some days ago a number of prominent physicians were conversing about various subjects, when a new and what was asserted to be an improved method of treatment was mentioned. The great men frowned down the suggestion, for no other reason, apparently, than because it was advocated by a man whom they frankly confessed they did not like. The merits or demerits of the suggested method of treatment were not considered at all.

Thank God, these men are not types of the real, working medical profession, not even of a large part of it. We believe that the spirit which actuates the great majority rises above personal considerations, above mere personal likes and dislikes; that the really earnest doctor wants the Truth, from whatever source it may come; wants it because he places the welfare of his patients as paramount to all others, and feels that his own success and the advancement of his profession are involved in the same decision.

That man, be he a "leader" or not, who closes his eyes to all progress outside the charmed circle of himself and his immediate friends, no matter how brilliant his faculties nor how acute his powers of observation and logic, is condemned to live a life of littleness. There is room at the top for men of larger mold and bigger hearts—those who have the ability of appreciation and the inclination to use it.

A VASOMOTOR JANGLE.

The principal difficulty in the promulgation of active principle medication is that the practician must begin with the foundation and build up. He can not simply add it as an ornamental capstone, but must learn to recognize pathologic conditions long before he is able to make a name-diagnosis. Here's a case: She had a little bronchial irritation, cough at night, wheezing, very little watery sputa, and a "jangle" in the vasomotor conditions that was simply impossible to classify—neither all bronchitis, nor asthma, nor nervous, nor structural, nor anything else that was nameable.

Spasm was evident, so she got apomorphine and lobelin to relax and incite secretion; glonoin for intercurrent exacerbations; calx sulphurata for the microbes detected by examining sputa—nameless diplococci and staphylococci—and we simply had to treat the vasomotor jangle by picking our way carefully with the dosimetric and defervescent triads, almost alternating them as the tension subsided and rose again. Meanwhile, absolute rest, bowels emptied and disinfected, renal elimination sustained, vitality incited by delicately adjusted doses of strychnine. Naming the disease is still impossible, though the attack has passed off, and every pathologic condition was recognized and successfully treated. But how can such knowledge be imparted to others? Only by daily watching the course of the

In the *Eclectic Medical Journal* for August is a thrilling description of a desert sandstorm by John Uri Lloyd, from experience.

Petitjean places amyl nitrite first among vasomotor remedies for hemoptysis; but then he knows not atropine.

malady and the effect of the skilfully applied remedies could the case be comprehended. Recording it is useless, as it is scarcely possible that an exactly similar case would ever present.

You must comprehend vasomotor perturbations and know the effect of the defervescent alkaloids before you can quite comprehend this case. To those who are initiated it is perfectly plain; to those who are unaccustomed to such close observation and fitting of remedies to conditions it is all Greek—or bunkum. So some say, but is it? Isn't it sure?

THE SURVIVAL OF THE FITTEST.

Among educated, reasoning men there may be today a wide diversity of opinion as to the nature and extent of the inspiration of the Hebrew Scriptures, but there is none as to the eternal truth and the consummate wisdom of very many of the expressions in them. What, after all, is the evolutional "survival of the fittest" but a reexpression of the text, "if it be of God it will survive." And in another sense of "by their fruits ye shall know them."

Great as is the power of printers' ink, it has its limits. No article that lacks sterling worth can for always be maintained in its place by artificial puffing. There must be a real value somewhere or it will languish and die. But—here is the difficulty—we may not always be correct in our estimation of what really is the fittest and the truth underlying the continued success of an idea or a thing may be some imperfection in the make-up of humanity, not desirable but nevertheless real.

The tendency of mankind to seek for and accept the unreal, the mysterious, to prefer the occult and unknown to the common sense and mechanical of whose truth all the world may see, may not seem desirable to us, but it exists for all that; and the fakir who builds on it his system of deception has a firmer foundation for his fortunes than the faithful expounder of methods and ideas based on flawless reasoning. It is only after centuries that the merits of a Bruno or a Roger Bacon are acknowledged.

We must differentiate between immediate and final success, between such as may be transmuted at once by the worker into current coin and what it brings, and the verdict of posterity rendered after the bones of the originator have mouldered into dust.

When we think of what vaccination meant to the day of Jenner, we are less surprised at the opposition it encountered than amazed that it ever prevailed. The veriest nonsense it must have appeared to the physician of that day, and the better he was versed in the lore of his profession the more absurd the whole procedure presented itself. It says volumes for the physician of England then that he was sufficiently aware of the limitations of his knowledge to receive and finally assimilate so angular and unfittable a chunk.

Why should we expect better and quicker results today? Are we more brainy, more wise, more erudite? Has the capacity of the human mind increased? Are human passions less active? We form the conception of a therapeutics based on certainties, applied with certainty to recognizable pathologic conditions, and there comes to us the realization that this ideal is within easy reach; but the blaze of that illuminating thought should not blind us to the difficulties in the way of the profession as a body seeing it, and shifting from the old empiric basis to the new one, leaving chance, mystery, hazard, blind following of blind authority, interminable ignoring of the unidentity of *post hoc* and *propter hoc*, and planting the feet squarely on the solid rock of knowledge.

Arsenic iodide is indicated in the scrofulotuberculosis of children, with functional glandular hyperactivity.—*Med. Times.*

Dr. Frances P. Waugh has passed the Washington State Board and settled in Quincy. More than her dad would like to tackle.

We do not expect it. Rome required many a year to build. Da Costa's "heart-tonic" will continue to be prescribed for many a year, while earnest workers are endeavoring to ascertain exactly what digitalin, adonidin, convallamarin, strophanthin, cactin, erythrophlœine, barium chloride and caffeine do to the heart, and how they do it, what portion of its complex mechanism each affects, so that at some future day we or our successors may apply each as it and no other may be indicated.

Take courage, O ye workers. Look to the final triumph of truth and not to the immediate emoluments of your labors. Be not cast down that the quack rides in his auto and scatters the dust over your garments, but know that he also is significant and his success is based on a truth. The stones we lay are only for a foundation, and when the day of triumph comes will be completely buried from sight, but every sound piece properly placed is one more approximation to the final complete structure. The satisfaction of knowing one is right, and that his labors are of inestimable value to humanity, is all a man can reasonably ask. Money and reputation are so little in addition that one may disregard them. What we ask besides is the power to so present our truths that they may be recognized as such by our fellows.

A REMARKABLE PAPER ON PNEUMONIA.

American Medicine for September is so good that our irritation is intensified against its managers for reducing its visits to monthly. Dr. Birchmore contributes a paper on pneumonia that requires study and deserves it. He attributes the fatal variety of New York to the Weichselbaum-Fränkel bacillus, accepting Palier's condemnation of the mouse as its natural host, and looks for an effective treatment to a serum now being developed in the rat. Other forms are produced by diverse causes, among these the action of cold and the inhalation of ammonia; and by these different pathologic processes are set in operation. In one form the nervous symptoms are wanting and the attacks are characterized by vasomotor disturbances so marked as to have occasioned the vasomotor theory of the disease. In these the reaction of the heart seems to sustain the thesis of Broussais, that "a poison is formed in the intestine and absorbed, which is an irritant to some parts of the blood-circulating mechanism, while it is equally a sedative to other parts."

The action of the toxin is multiple and selective, either absorbed only by certain cells or affecting them and no others. Dependent on a definite intestinal indigestion, as stated by DeMille and others, the success following the use of calomel and salines, followed by such intestinal antiseptics as sodium sulphocarbolate, is intelligible, and strengthens the case of those who attribute the vasomotor and pulmonary symptoms to fecal toxemia.

The conjoined use of digitalin and aconitine is defended. The selective action of Bidder's ganglion was known long ago but forgotten, and a similar selection by Remarck's ganglion is scarcely wonderful. As the vascular net of the air cells contains no muscular fibers digitalin probably acts rather on the nerve net running from the right heart to the pulmonary arterioles, which are thus contracted while the aconitine relaxes the systemic vessels.

The benefits resulting from the care given to the alimentary canal, and the improvement of nutrition thereby secured, are recognized by Birchmore, although he rightly declares that the explanation usually

Dosage is the most vulnerable point of therapeutics yet one on which the art of healing almost wholly depends.—Butler.

Dr. C. P. Thomas of Spokane performed 8 operations at a three-hour clinic at St. Luke's Hospital one hot day in July.

given may or may not be true. Such careful witnessing is rare indeed. A man who can thus draw the line between what he knows and what he supposes to be true would be invaluable on the witness stand.

Speaking of the cough, he calls attention to the fact that any irritation of any peripheral end of the pneumogastric filaments may occasion it. Or, the heart may become "wildly hysteric" from some sore spot in the pulmonary tract that may be beyond reach of recognition.

In no disease is insomnia of worse prognostic significance. All hypnotics have been praised, but he inclines to hyoscine, with hyoscyamine sometimes doing better. The diagnosis of "pneumonia" he considers no more particular than that of "paralysis." He revives Bouchard's observation as to the disappearance of chlorine from the urine even before the fever begins, as essential and not a symptom. But the paper is too abstruse and too valuable to be presented in abstract, and we refer our redears to the original, of which we have given but an inadequate description.

The pneumonia season is here again and it is time we were thinking about the best methods of treating it. Shall we be considered presumptuous if we mention the alkaloids in this connection—merely casually, of course? Isn't it worth while to know that a judicious use of vascular sedatives, as the "trinity" and "defervescent," of eliminants, intestinal antiseptics and vital, nervous, and circulatory "bracers" will cure pneumonia? We leave it to you.

THE LLOYD LIBRARY.

The Lloyd Library of Cincinnati, which has been created by the earnest and careful labors of Prof. John Uri Lloyd and his brother Curtis G. Lloyd, has received a splendid and practical tribute from an entirely unexpected source. By the will of the late Surgeon-General James Pattison Walker of England the library is given a large and valuable collection of books and manuscripts and in addition $30,000 in money, the proceeds of which are to be used in original investigations in medicine and pharmacy.

Dr. Walker, who died April last at his home in Earlsmead, Clocton-on-the-Sea, Essex, was a man of strong character, of great ability and a distinguished student of medical and cognate subjects. For many years he was surgeon-general in the British Bengal army; he had been through many campaigns and served during the Indian mutiny. At the time of his death he was in his eighty-sixth year. His library is said to be a most valuable one.

We heartily congratulate our friends and co-workers, the Lloyds, not only on this acquisition in books and money, but on the recognition of the invaluable labors they are carrying on to enrich and strengthen our native materia medica. That this recognition comes from abroad makes it all the more significant. This splendid library already unequalled in its special field, which includes botany, pharmacy and medicine, especially materia medica, deserves every good thing that possibly may come to it; and the same is true of the men who have created it.

STATE-BOARD POLYPHARMACY.

Slowly and imperceptibly does reason penetrate the human mass and replace deeply rooted custom and prejudice. The habit of polypharmacy is one that is taught the neophyte in medicine, and he is commanded to practise it as a duty. In one of the State Board examinations we note that the candidate is asked to write a diuretic

I do not like you, Doctor Fell.
The reason why I can not tell,
But I don't like you, Doctor Fell.

You know the reason very well.
You owed a bill; he made you shell."
That's why you don't like Dr. Fell.

prescription containing not less than three ingredients.

Why three? Why not thirty-three?

Diuresis depends directly and almost exclusively on the pressure in the renal artery. If the vascular tension has been so excited, as by digitoxin, that the terminal arterioles are so contracted that the blood can not flow through them the blood supply through this vessel to the glomeruli may be entirely stopped, and suppression of urine results. If the general vascular tension is low and the heart too weak to pump enough blood through the arteries the supply is diminished, and the urine is lessened. In the one case we may administer a remedy like digitonin, that relaxes the abnormal contraction and allows a sufficient blood flow into the kidneys. In the other case we reenforce the heart and restore normal tension to the arteries by a sufficiency of digitalin, and the excretion is raised to normal.

What else is there in diuretics? Why obscure this simple and essential conception by mixing up two non-essential drugs with the one that is indicated? It is just this that interposes between the medical student and a real knowledge of drug action an obstacle over which he never leaps. He is ruined for life as a therapeutist by it.

The prescription is a veritable Old-Man-of-the-Sea to the profession.

THE DRUGS THAT MAKE DRUNKARDS.

Artemas Ward and Mark Twain once called on John B. Gough. One of the jokers had given directions in the barroom before going to Gough's room, and accordingly every five minutes during their visit a boy appeared bearing a tray with three glasses of brandy. Gough stood it for a while, but when the fourth tray appeared he excused himself saying: "It may be a joke to you, but I can not smell or see liquor without the appetite for it being aroused."

Just now the indignation of the public is aroused over the parties who have been introducing cheap whisky under the guise of medicine, and making drunkards of men surreptitiously. Many a man has thus learned the drink habit whose principles would have prevented his tasting alcoholic beverages had he been aware of their nature.

There are men to whom the slightest flavor of alcohol by taste or smell, is enough to arouse the demon of drink. There are many who may and some do acquire the taste for such beverages from the physician's prescriptions of alcoholic drugs. There is no argument against alcoholic nostrums as awaking such appetites unconsciously to the patient, that does not hold good against these forms of medicines as well. What virtue is there in a doctor's prescription to make such a poison not a poison?

The really valuable part of a drug consists of the active principle, which forms but a trifle of its bulk. The rest is useless and encumbering dirt, and the alcohol employed to prevent decomposition, and sugar and other substances to disguise the taste, most of which is due to the "dirt." Nowadays the active principles are extracted and dispensed in the form of minute granules, each containing the virtues of a tea- or tablespoonful of the ancient mixtures. These may be dissolved in plain water, hot or cold, when it is desired to administer them in solution.

Physicians who habitually employ these active principles avoid the danger of unwittingly making drunkards by neglecting in their hurry to ascertain if there exists an hereditary impulse in that direction. No man can insure himself against occasional forgetfulness; and it is better to walk in

Our Troubles: Meddling neighbors, unfaithful nurses, substituting druggists and self-managing patients.—*Cleve. M. & S. Reporter.*

Charcoal is advised as a remedy for mushroom poisoning, and is probably useful, absorbing and holding the toxins.

ways that are safe even if we do forget and the night is dark. No one acquires a taste for alcohol from a little granule containing simply the medicine and sugar of milk. Can we say this of the alcoholic tinctures and extracts, to say nothing of the seductive elixirs and wines?

DO SPECIALISTS FAIL, AND WHY?

One can not but be struck with the elaborate care the specialist takes in treating his cases. Volumes are printed describing the technic, and societies wrangle over the slightest variations from the established formulas. Men journey from city to city to witness the work of the leaders, and write articles comparing their technic.

Sutures are not just sutures, for the surgeon does not just put in any old thing that comes handy, usually some suture that has been left at his office as a sample, highly recommended by the manufacturers; but he employs silk of a certain thickness here, catgut, silver, horsehair, kangaroo, exactly the thing best fitted, of the exact quality, of absolute surgical asepticity, and he uses nothing else. To his care, his technic, he attributes his good results; and if anything offers an opportunity to get a shade better results than his competitors you do not have to coax him to try it.

He does not content himself with doing almost anything that comes into his mind, easily concluding that it makes little difference anyhow, that so many per cent will die and the rest get well, even if he only makes a bluff at doing. He does not say that the less he does the better; that he has got down to the use of just two instruments and is not sure but that one of these is superfluous. He is not pessimistic or nihilistic as to the utility of surgical treatment. Nor does he meekly accept the verdict when some one who knows nothing about the surgery of today asserts that there is nothing in surgical treatment. Not much! He is undismayed by the constant rise and fall of surgical procedures. He always has a new procedure before the last one has become discredited. In short, there's a whole lot of good in him, and if we have ever spoken harshly about him we take it all back.

Why can not we have this precision of technic ourselves? *He* does not continue to use the chipped flint axe because his ancestors did good work with it—why should we? If we studied our weapons as thoroughly as he, we might get as good results from them. With our modern weapons this is now possible, and all that is lacking is the recognition of this possibility.

Get to work. Don't leave it all to us.

SEAWEED OR IODINE.

In the *Medical Council* Blair follows the old conservative custom and suggests that "it may be that the total medicinal content of seaweed or sponge is less irritating and more useful than the separated iodine in treating glandular and syphilitic diseases."

The old cry. No proof whatever is advanced but merely the inference. What does this amount to? Simply that the doctor has become accustomed to thinking along the old lines and finds it difficult to get out of them, and so advances a miserable apology for clinging to his obsolete ideas. If there is in sponge any other activity besides iodine, let us have it out where we can see and otherwise cognize it. We know what iodine does in syphilis—all beyond that is conjecture, and with this modern medicine should have no commerce.

Let us rest ourselves on absolute knowledge and truth, so far as they will take us, and then stop right there and cry for more light. Every step in the dark takes us away from this sure ground.

Post-partum hemorrhage does not cease because the uterus contracts but the uterus contracts because hemorrhage stops.—*Practitioner.*

Gordon says we should remove surgically a neuralgic nerve after a short "trial" of medical treatment.—*N. Y. M. J.*

LEADING ARTICLES

NEURASTHENIA OF INFANCY AND EARLY CHILDHOOD.

BY WOODBRIDGE HALL BIRCHMORE, M. D.

WE must regard the neurasthenia of the infant and young child as something totally unlike the neurasthenia of the adult. The neurasthenia of the adult is *lapsus* from an individual standard, that of the infant and young child from an assumed racial (stirpal) standard, which is in fact ideal and practically non-existent.

They differ also in this respect, that while both are nutritional, the neurasthenia of the adult is functional, while that of the infant and young child is properly anatomical in its manifestations. It would, mayhap, be justifiable to conclude that by nutritional deficiency, continued through a long period in post-adolescent life, a condition somewhat equivalent to the results of infantile neurasthenia might appear in adult life, but we have no experience of any such condition, and the academic assumption profits nothing.

It is questionable if the neurasthenia of the young, specifically of the adolescent, is not the condition which appears so frequently in full development, as the dementia of middle life, and we should look with infinite charity upon the many men and women whose youth and young adult life have been of promise while the performance of later life is a failure total and complete.

They must not say like Hamlet that the fault is their own, because it is in their personality, for the reason that murder of their minds was infanticide done by their own parents, and in this case also the child suffers for the parent's crime.

To fully grasp the problem of neurasthenia in infants and young children it is needful first to consider the problem without any reference to the victims and afterwards to consider if there is any way by pursuing which, or course of action by using which we can prevent this sin of their parents from causing the total ruin of their offspring.

That we may properly study the development of neurasthenia let us consider the condition of a central ganglion at birth. A few cells will be sufficiently developed to determine the character of the ganglion and each of these developed cells will be connected with more or fewer partially developed cells or fully developed nuclei around which cells may develop in years to come, their character as functionating elements being conditioned by that of the more developed cells. At this time, however, the more developed cells are far from being adult, for although they have connection by their processes with receptive cells, these receptive cells have as yet received no stimulus.

At once stimulation begins, stimulation of any imaginable sort, a corresponding development of receptive cells begins both general and particulate, but in the normally developed child the result is not the rapid adulthood of a few cells, but the slight advance beyond embryonic development of a vast number. The nutrition impulse ex-

pends itself not in developing a single pair of cells, a receptive and its corresponding motor cell, to perfect adulthood and functional perfection, but in the partial development of a vast number of pairs. Later on these partially developed pairs of cells will be ready to receive impressions of the highest order and to store them as memories ready to be changed into centrifugal, motor impulses by the motor companion of this pair's receptor.

In this way the brain becomes a vast crowd of reserved cells which can be developed into active usefulness at any time by a minimal nutritional effort. Presumably in a well-developed brain of a man at the age of twenty, there are still more undeveloped couples than will be found developed in a number of brains.

In other words, the capacity to assimilate sensations is vastly greater than any possible demand that can ever be made upon it, and since the intellectual capacity of any given man is a function of the number of receptor cells prepared to receive and assimilate impulses of the highest possible order of complexity, we are justified in saying that in proportion to the possibilities no man ever goes beyond the small beginning in the possibilities of his true mental capacity.

To make this position as clear as possible we repeat a part of this proposition in a developed form. When the new-born child begins to receive impressions along the lines leading to higher centers the effect is not the same physically as when the adult receives them, but in the infant the impression is for a time diffused, causing not a complete reaction in a single circuit, but incomplete reactions in many circuits. To illustrate, the child who has learned a few words used to express special wants, that is to say has a complete circuit reacting to the stimuli of special wants, which its nurse or mother has taught it to use with discrimination, has the same reacting apparatus for those few particular words which the adult has for many, but if we address to the child words which produce no definite reactions, that is, excite not one circuit to complete its return to equilibrium, but simply set many circuits into partial motion, causing only incomplete vibration, we produce the same condition which occurs in the adult, who is addressed in a language which he does not understand. But this wide-spread excitation and vibration without full return circuit, is the condition essential to the nutrition of the great number of very young nerve cells. It is the condition essential to nutrition and development, and every such excitation causes vital action in many cells and in this way very many cells are developed equally in degree and along very like lines, but no great number of these young cells is attuned to a particular stimulation to the exclusion of all other similar sensations. Also because the assimilated cell substance is small in quantity the cell is easily exhausted in these partially developed functional elements, and prolonged reaction, or reaction many times repeated in a short space of time, is quite impossible.

For this reason attention prolonged for many minutes is an impossibility to the normally acting infant or young child's mind, and if an attempt is made to hold and force the attention a very dangerous procedure has been begun, because super-excitation must in some degree exhaust nerve cells, and such excitation is capable not only of checking the development in a multitude of cells, but of making a certainty the exhaustion of the vitality of some and the mischief will be the greater the younger the child.

The two faculties which are the special field for the cultivation of neurasthenia are

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Bedbugs may carry relapsing fever, leprosy, plague, anthrax, tuberculosis, syphilis and typhoid fever.—Girault.

Brandy kept some time in a silver flask dissolved out enough copper to become poisonous. Spurious brandy did not do so.

attention and memory, the one in the baby, the other in the somewhat older child. The extent to which the powers of the adult mind can be injured by forcing the attention of the infant and the memory of the boy or girl is seldom appreciated.

If the attention of a baby is held constant for a few minutes the child falls asleep from actual exhaustion because the brain demands rest, and when the child of ten or twelve falls asleep at his task it is quite time that something was done about it.

The special point to be remembered is this: "If the practically perfect cell and the undeveloped cell are put in competition for their food supply the more perfect cell robs the less perfect and this competition for food extends all along the line of development to the youngest, i. e., the least developed nucleus. Nuclei die easily and a ganglion or a brain center which at a given age should contain a dozen perfect, i. e., adult and fully functionating cells and ten thousand in various lesser stages can never reach its proper duty if at the given age it contains two dozen perfect cells and only five thousand in various stages of development."

Precocity means just this vicious development and the bright child is a child whose future is in danger by reason of this dwarfing and premature activity. If adult cells are found in any great number in the young boy or girl brain they must of necessity be cannibals which have fattened on the still younger cells and nuclei about them. The cause of neurasthenia then is distinctly premature development in the sense that these two, precocity and nervous exhaustion, are the visible cause and effect. The absolute permanency of the results of over-stimulation in the infant may be said to compel the attention of those who are responsible for the child's future. The fact that the neurasthenia may hardly be noticed in the infant and young child when it has perhaps already gone beyond the last forlorn hope of cure is a condition of the problem never to be lost sight of by the skilled physician.

These facts premised, the physical and anatomic basis of this condition, we are in position to extend the discussion to diagnosis and treatment, but the real treatment is prevention, to persuade the mother to let teaching follow the development of the mind, not to develop the mind by teaching. The forced development of the child mind stands for utter ruin.

THE DIAGNOSIS OF NEURASTHENIA IN INFANTS.

The difficulty of this diagnosis is not to be denied, but it can usually be made out by the simple process of exclusion. Specially is this the case if the mother begins her complaint by telling of the wonderful mental development of her baby, its bright-mindedness previous to this breakdown.

It is sad indeed to hear these tales, to hear of babies not yet a year old who need no nap in the day time or of one of eighteen months who knows his letters, or of one not quite two years old who can repeat the multiplication table. Such children may interest some parents, but the time presently comes when the other side of the shield is presented to the view.

It is waste of time to attempt to sketch a diagnosis which shall be typical; each case is a law to itself and the diagnosis must be by exclusion, but in case active effort has been made by the parents or others in their place to obtain evidence of precocious intelligence in the child and the child's action shows the effort not without success, fever being absent, and the weight constant or decreasing, the snap diagnosis of neurasthenia in an infant or a child under a year or two old will not be wrong in more than

The howl against Gorgas at Panama now seems to be that he compels the laborers to ventilate their dormitories. Terrible!

In Manila the prompt extermination of rats, when some proved plague infected, seems to have prevented an epidemic.

five per cent of the cases, and in this five per cent the error will appear almost immediately.

THE NEURASTHENIA OF INFANTS IN THEIR SECOND YEAR.

If we watch carefully it presently becomes clear that a neurasthenia of special nerves and centers is by no means an uncommon state of things during this period in which it appears usually as an attitude of the speech center. In fact, an association directly or indirectly with the "Island" appears to be a characteristic of this special injury, of the overstimulated development of the speech center and the imitation faculty, including the irrational as distinguished from the rational or analytical memory.

As a rule the very boast of the young mother as to the brightness of her child will warn the physician of the future which he has reason to expect and that long in advance of any demand made on him by the mother for aid, but once and again the mother will tell of incidents and accidents which can only be explained on the supposition that the child's brain is overworked and that it is overworked beyond recuperation. The child becomes nervous and "fidgets," as I have heard a nurse explain. The attention which to within a few days could readily be held is now not to be held at any price. The memory becomes capricious; today the child remembers the lessons which he has been taught and does so without any apparent effort, tomorrow he will remember nothing. Words which it knew well enough to use them rightly are lost to him as if he had never known them and some infantile form previously used, and well understood by all around him, but for long abandoned, is again employed. This is one of the most frequent symptoms of serious injury and is of the worst possible import towards the prognosis of the future.

It will be remembered that these children are not always unnaturally "precocious," but they are quite often compelled to learn, and when they can no longer hold their own they are too often "made to." But this abuse by the mother seldom becomes a matter of serious moment until the child is about four years old. Yet sometimes the mother's vanity does its wicked work yet earlier and I know a man who is a physical, moral, and mental wreck at the time when his mind should be most useful, simply because the woman-vanity incited the mother to force the boy's development to overtake that of a girl a year his senior.

Chas. Reade in his story "A Commonplace Man" in his character of "Julia" gives a sketch of the life of one of these unfortunate prematurely developed children. This description of her disposition and the way in which her vanity was enlisted by her foolish aunt is the history typical of these cases, if for "Aunt" we read "Mother."

The child while very young masters his letters, learns to spell, does the mental work of a child two years older, at three years old he is fat, "chubby" and good-natured, at four is "thin," sometimes even emaciated, irritable, morally destitute, mentally dissolute and nervously unsteady.

A recently deceased physician has more than once warned his students that "sudden emaciation in children if accompanied by fever means tuberculosis, but if fever is absent it stands for something quite as serious, neurasthenia, and a nervous breakdown."

Another writer has said "when called upon to attend a child with the reputation of being bright, and when having carefully excluded tuberculosis you have assured

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Time and again I have used aconitine in pneumonia, and watched the blood wasting fever steadily decline to normal in 6 hours.—Gray, *Ther. Rec.*

An Indian swallowed 10 grains of podophyllin at once, in hopeless pneumonia, and got well promptly.—Gray, in Mexico.

yourself that fever is absent during the afternoon, assume that the cause of the trouble is neurasthenia and act accordingly."

Rosenthal in one of his papers on the "The Illnesses of Childhood" also insists strongly on the truth of the opinion that the neurasthenia of childhood is relatively common, and says: "From what I have seen I regard this neurasthenia of young children as a *true* anatomical lesion, consisting in dwarfing of many cells by the nutrition-excess required for premature development of a few." Later in the same paper he says: "In adult life neurasthenia stands simply for too much work and too little food without proper opportunity for assimilation, but in infants and young children it means the permanent injury of the part of the brain, whatsoever this part may be, which is associated with intellectual capacity. A neurasthenic infant means a useless man."

The most impressive fact in relation not to this fault of nutrition but its ultimate result is the extreme seriousness credited to it by the men with the widest experience. They appear to regard as useless any attempts at cure. The conviction is almost universal that this overdevelopment of any one group of cells not only stands for delay in the development of all other associated groups, but also for the permanent and entire supersession of many such groups, some of which groups may be of extreme importance, it may be to the intellectual development or to the individuality, the will, of the little victim. In other words these most expert physicians regard this extreme precocity as *predatory*, even it may be as *cannibalism*, and if this view is at all justified one can see clearly why so many of the brightest young children have either failed to make good the promise of early childhood or have associated with their later life some peculiar mental trait, some usually atavistic intellectual bias. It is by no means unlikely that the mental traits, which by the strangest fortune appeared so exactly alike in the minds of Lord Macaulay and James Anthony Froude, were due in both cases to the destruction of the nuclei needed for the formation of certain inhibitory cells, or even the entire groups from which inhibitory ganglia might develop, conditioning certain mental traits, or in both alike to the starvation, weakening and, if such a word is permissible, deformation of inhibitory centers causing corresponding deformation mentally and morally.

TREATMENT.

The last great question, the question which comes to the physician with an infinite repetition, remains unanswered: "What is to be done to check the destruction, and how is the damaged apparatus to be restored?" The answer to the first question is obvious enough. "Secure *real rest* for the wearied organism as a whole and for the ganglion group which is so overused in particular. Instead of permitting the injured child to remain quiet and amuse himself with artfully designed amusements which are intended also to teach, all the time stimulating the cells needing rest, insist on the little patient using his body, his muscles, and aid in developing them and that as far as may be without making use of any form of stimulation to the higher centers. If he cannot or will not play and thus find exercise, give him the needed gymnastic and massage treatment to keep the functional life of the muscles as active as may be." But the mother will remind us of the loss of desire for food; for the loss of the desire for food accompanies naturally the disability to digest and of this she understands the importance as well as we: "How am I to get my boy to eat?" The neces-

We have pages galore on bacteriology and pathology and but lines on treatment of timorous apologetic nature.—*Clin. Review.*

It seems the saying, "a man is as old as his ar, teries," should be altered to "as old as his bowels.' —*Clinical Review.*

sity that the child shall eat is obvious but how can he do it under the present conditions? He may swallow the food and the stomach may partially or wholly digest it, but beyond this again comes the cellular nutrition and the cells, the anatomical elements, are wearied and do not accept kindly the food which they greedily assimilate in health, because they can obtain no aid from the stored energy of the nervous system for that also is weary. The problem then becomes rather a complicated one; not only must food be furnished, but it must be food which the weakened and injured cells and nuclei can dispose of.

The treatment then is narrowed down to rest and food. How can the first be attained and second obtained? Plainly it is no easy task in any case and the difficulties in some must be all but insurmountable.

The routine treatment in these cases must begin with the generalization of the proposition, and by the routine usage intended to restore the condition of the body called, for lack of a better name, that of "General Health."

In this condition, calcium and iodine, with bile salts to stimulate elimination, will naturally take the first place, because of the rapid poisoning sure to follow if the retrograde products are not gotten rid of as fast as possible. For practical use I prefer calx iodata and bilein. In the former the iodine is loosely combined and readily given off to stimulate the absorbents to carry away encumbering debris furnishes a highly assimilable form of this element which is needed to give firmness to the cell walls, and this also renders the iodine singularly free from irritative properties. Bilein is simply the active principle of bile, without its bulk and the excrementitious part, and is an effective and easy means of administering the requisite ingredient. Pilocarpine is in this connection of enormous use in hastening the action of the skin and in nearly all cases some renal stimulant will prove useful. In many cases the heart also will demand attention.

This matter of the enervation of the heart in infant neurasthenics demands much more attention than it usually receives, for a number of cases have been already put on record in which the ganglion of Bidder has been found greatly hypertrophied. But no matter what means is employed the contact of the heart's action is sure to appear as an absolutely essential condition in the problem. The condition of the blood must be determined in respect to all the known factors in the problem. Cardiac nutrition is to be enhanced, but there is no indication for raising vascular tension; the remedy is cactin in appropriate dosage, rather than any of the digitalin group.

But in addition to the task thus taken at large something must be done to meet the special need, to in some way call a halt on the cannibalism going on among the nerve cells. No one who has studied such cases can fail to appreciate the necessity for doing something and for doing it at once, and equally no one who has studied can fail to appreciate the difficulty of doing anything. The chief difficulty is to be found in the reduced vitality of the nuclei and the reckless waste which has been for so long hindering normal cellular nutrition.

Fortunately modern pharmaceutical chemistry has put at our disposal two drugs of supreme usefulness, nuclein and lecithin, which are in actual fact the proximate albumin substances of the nucleus, or if not these then something so like to them that they are capable of direct assimilation by protonuclear bodies.

It makes no difference in the therapeutic problem what the deeper secrets of the cell

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Osler's Practice is said to have lost popularity. It has always suffered the charge of therapeutic nihilism and there is a reaction.—*Clinical Review.*

Benjamin Franklin advocated the preference of indigenous to foreign drugs, as shown by Wilbert in a recent paper.

chemistry may be, it is enough to appreciate the important facts that these substances are accepted as proximate elements in the nuclei of the cells and that the nervous tissue, especially in its most unstable form, is nourished and protected by the existence of these substances in the blood. That the starved nuclei appear to regain their strength and essential vitalism which is their characteristic, and that when these substances have been given for a period by no means prolonged a distinct series of results can be seen to follow, admits of no question. We may some day be able to find out why the administration of these substances so quickly inhibits the destruction and increases the functional capacity, but the needed data are not ours today. Yet the peculiar facts admit of no dispute, the administration of these substances does increase the total functional capacity of the least stable cells and cellular elements of the nervous system.

Hammerstein, Kossel, Cotton, and a host of others have in their various contributions and brochures given the most unquestionable evidence as to their results, and after all, this is the only evidence which we can at the moment weigh and value. We see the drug given and we see the result follow, even admitting that any appreciation of the cause and effect is impossible, an appreciation of the sequence is for the time being quite enough.

In administering these substances the greatest care must be used to prevent hasty observation from misleading the physician, and this is especially the case in the care of young children because the mothers are so anxious to see the little patient get well that they mistake improved conditions for complete cure, when in fact nothing of the sort is even hinted at. The improved condition is due simply to the halt called to the process of disrepair, the little patient is really no better but he is simply no worse. For this reason after improvement appears, continue the treatment for a short period, say for ten days, then stop it and note results. Probably for a short time, the writer's experience suggests about one week, the little patient will hold his own and then he will begin to deteriorate. Recommence the treatment and exactly duplicate the previous attempt, and by carefully watching the symptoms it will presently be noticed that the period of benefit is growing longer and longer, that is, the exhausted nerve systems are gradually taking up their own proper nutrition. Having in this way checked the incipient cannibalism be careful not to go too far, the overdose may do mischief.

While thus attempting to stimulate the processes of nutrition and development in the nerves not directly associated with muscles, do not forget those which are so associated. If the child is too young or too weak to make "infant gymnastics" possible, use massage, but stimulate the muscle because such stimulation aids in obtaining that bodily development without which the development of the brain is wholly useless. Unfortunately it is only in the large boarding schools for boys that we find that careful study of the relation between brain and brawn which is so essential, but in these large schools it is now most carefully studied and provided for, but the relationship exists in infants as well as in the half grown boy, and *proper scientific exercise* should be given to the *very youngest baby*. Passive exercise and massage at first, followed up as soon as possible by active exercise, should begin at once the attention of the child can be held. This use of gymnastics to aid in the building of the muscular apparatus must develop the motor system and thus retain the balance which is so easily upset between the sensory and motor tracts in the nervous system.

Shakespeare in Medicine: See the *Dietetic and Hygienic Gazette* for August for a fine paper by Dr. Wainwright.

American Medicine for July published an admirable Letter from a Physician to his Son on the Venereal Peril. Get it.

Such is our present place of approach towards a more perfect knowledge of neurasthenia in the very young.

The treatment may be summarised as follows: Avoid the temptation to "teach the baby" to do things; if this is impossible, *resist it.* If you *must teach* the baby teach him to use not his sprouting mind but his budding muscles, and by and by he will call you "blessed," which he surely will not do if you ruin him in both body and mind, if you weaken him morally, mentally and physically by seeking to call his mental faculties into activity too soon.

Neurasthenia in an infant stands for permanent injury in the adult and there is no reason for the existence except the vanity of those who know no better and the carelessness of those who do.

Brooklyn, N. Y.

OLD AGE—ARTERIOSCLEROSIS: HOW TO PREVENT IT AND HOW TO LIVE WITH IT.

BY W. C. ABBOTT, M. D.

A MAN is as old as his arteries. Instead of asking a man his age in years we glance at his eyes, and the visible senile arc tells us more correctly than his years how really old he is. We see there evidences that in certain vascular areas the nutritive supply is or will be interfered with, and failure of function with pathologic tissue changes must follow. We know from the tension of his pulse whether his heart is hypertrophied, his kidneys contracted, his canalization falling into irremediable disrepair. Here at least the eye is the open door through which the whole house is visible.

Arteriosclerosis is progressive as its causes are progressive. The methods of prevention are those of arrest of the process once put in operation. The question, how to prevent this train of morbid processes, is to be answered in the same manner and words as the question how to prevent its further development. If a man's arteries and heart and kidneys will suffice for today's duties they will suffice for an indefinite succession of tomorrows if only matters go no further.

The causes are to be found in that most fertile field of disease and early death, the sedentary life. Set any healthy man down for the larger part of the day at his desk, with no exercise worthy of the name, going home at night too exhausted to think of further exertion, eating instinctively meats because he therein gets nutriment more readily appropriated than the ruder vegetable tissues, availing himself of the quick stimulus of coffee, possibly recouping his failing powers with alcohol, and let constipation and consequent autotoxemia gradually supervene without his suspecting it. Take the results and accumulate them through the years, the kidneys all the time overburdened, their delicate structure being irritated by the constant transmission of superabundant toxins, and we see the results in arteriosclerosis, hypertrophy and degeneration of the heart muscle, irritation and connective tissue hyperplasia in the kidneys, and the whole train of digestive, neurotic, cutaneous and mucous disorders so familiar to the physician.

What to do? Reform the life. There is no medicine that will obviate the necessity

Cholera Infantum:—In the algid state, empty superficial vessels and failing pulse may demand glonoin.—Cotton.

Cholera Infantum:—Morphine gr. 1-50 to 1-10° and atropine gr. 1-500 to 1-1000 hypo. is valuable. —Cotton.

of a proper regulation of personal hygiene. Arrange the diet to suit life, excluding albuminous foods and prescribing fruits and fresh vegetables as largely as possible. Substitute milk or buttermilk for alcohol and caffeine-bearing beverages. Require plenty of water to be drank daily. Ascertain what outdoor exercise the man can be induced to take continuously, habitually, with liking, that will not soon become irksome and be neglected. If necessary, change the occupation. Better do this and give up prospects than give up health and life.

Can we remove the material results of such maladies? We believe that not all deposits are permanent and irremovable; that while much may be extravascular and beyond the reach of reagents carried by the circulation, some may still be intravascular and removable. We believe further, that arsenic by its power of inducing fatty degeneration and acting rather upon feebly alive morbid tissues than upon the healthier normal structures, may if long administered in minute doses promote the solution and absorption of such material. We believe further that such stimulants to the absorbents as iodine, stillingin, phytolaccin and some others, will aid us in getting rid of a larger portion of such deposits than anyone would believe who had not hopefully and persistently administered these remedies for months and months to such patients. As the immediate effects are markedly influenced by increase of general vascular tension we believe in keeping this tension as near as possible to the normal point, and this can best be done by the use of veratrine, in free watery solution, in doses accurately apportioned so as to secure exactly the desired effect and no more. This remedy may be thus used for unlimited periods with impunity and more benefit than any other. It provides for its own elimination, it checks undue appetite, it stimulates elimination by kidneys, liver and skin, it carries away toxins from cells and blood, constituting the chief therapeutic weapon for such cases. How much to give? It depends absolutely on the patient. One will take three granules daily, another will require twelve. *Give just enough to each.*

How much arsenic? Give arsenic iodide three granules a day. It may be continued a year or more. It is very active, and should be cut down when the eyelids are irritated. Of stillingin and phytolaccin it is more difficult to judge the daily dose as their effects are less readily perceived. An adult average may be taken as three grains a day of stillingin, two of phytolaccin, for acuter periods and phases; a grain daily of each for chronic administration. Do not reduce the weight too much.

Success pertains to the man rather than the doctor. It depends on a clear appreciation of the case, wise regulation of the habits in a way that will be followed, and correct application of remedies which must be persistently given to secure the results, slowly manifested but surer than the surgeon's knife.

All around us are fine old men unconsciously drawing near a sure and unnecessarily early grave that we can hold back many a year if we will—if appreciating their real condition and the cause thereof. We will present matters to them plainly as they stand and get their confidence if we will treat them on the general lines laid down above. Not by these remedies necessarily, for the author has only mentioned a few of those he used, but by those, expediential or medicinal, that will produce as good or better results.

A more pleased or grateful patient than an old man whose life and usefulness he knows you to be prolonging, it would be

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Moulden treated hundreds of dysenteries with quinine or with copper sulphate locally in Manila, finding the latter preferable.—*Med. Rec.*

More than 150 deaths from wood alcohol are now on record, besides a large number of partial or total blindness.—*Med. Forum.*

hard to find. On the square, Brother, this field, though little worked is well worth your attention. Just amplify the few detached hints I have offered you in this short paper and put them into practice. You will not lack for clinical material—and you will find that it will pay.

Chicago, Illinois.

THE ROLE OF DRUGS IN THERAPEUSIS; A STUDY IN BIOLOGIC MEDICINE.

BY JOSEPH CLEMENTS, M. D.

II.

IN plant physiological processes their nutrients are taken from the soil. Not in elaborated proteids, as in the animal functions, but as unorganized chemical compounds in the matters of the soil, the absorption of the nitrogen elements of the air, the "respiration" of the vegetable leaves assisting in the function. As is well known these inorganic elements and compounds are transformed into the organic tissues of the plant, the physiological functions of the so-called "nitrifying" organisms being utilized in the use of the nitrogen element in the plant physiologic function. Further than this the exact *modus operandi* in the use made of the nitrogen gas is not known, at least to the writer. This is unique and specific to the plant function, and it is significant that microorganic life functions are associated in the use of the inorganic element in the processes of the plant.

Coming now to the cognate animal function no such use is made, at first hand, of inorganic compounds and elements. To be sure oxygen is an active factor in the *functions* of the human animal, but in so far as known in an entirely dynamic role. In the so-called cell metabolism nothing evidences, or suggests even, that the element is metamorphosed in the bioplasmic operations, that it is a factor first hand, in the formation of bioplasm, and the *re*formation or further constitution into structural tissues. The role of oxygen in animal physiologic function is dynamic, is a condition of the metabolic function, oxidation being stimulative to the bioplasmic or cellular operations.

The closest observation and study of the intracellular processes give no suggestion that nitrogen in its nascent state is taken up directly to become a part of the bioplasmic mass of the plant cells. Nor is such a conception consonant with observed phenomena in the animal function cognate with this in regard to oxygen or any inorganic element or compound. These and all such elements and compounds in such relation are dynamic in influence and operation, and in this metaphysical sense are "acting at a distance" in respect to those centers of life whose bioplasmic operations are sovereign and potential in the organic functions.

The nutrient proteid whose pedigree and history of elaboration are so highly significant, yet largely of definite and demonstrable chemical composition, having at last attained to its high destiny in cell absorption, here and now loses its identity as a proteid, assuming a structureless condition and character, with new properties and potencies seen in evolution of new centers of vital activity in new points of bioplasmic or physiologic respiration, whence again it comes into entity, not in nutrient proteid condition as in regained chemical equilibrium after reaction *a la* all

Happiness consists chiefly in not being unhappy; and the keynote thereof is contentment.—Baerens, *Medical Mirror*.

Advice to "try" six methods of stopping post-partum hemorrhage in quick succession does not conduce to confidence.—Bishop.

simple chemistry, but in tissue structures of chemical composition no wise analogous to the proteid matters erstwhile taken up by cell absorption in the nutrient function. Such a phenomenon is not interpretable on a basis of simple chemistry, and has no counterpart outside a living organism, and is only conceivable or to be explained on the basis of the multiplicity and complexity of the animal nutrient proteids in constitution and elaboration, with epigenetic accumulation of properties and potential possibilities.

And here another series of facts present themselves for recognition and adjustment. Inorganic factors have been excluded from access to and participation in the activities effected in these intracellular centers of vital motion. They can have no first hand or immediate participation in these characteristically life or bioplasmic operations. And yet inorganic salts are found "intracellularly" and are known to have important relation to the bioplasmic activities.*

This suggests two lines of inquiry. First: What precisely, is to be understood as "intracellular?" And secondly: What is the role of these inorganic salts in this ultimate or first function? A word or two only will be offered since a master hand is needed here, and time permits no more.

As to the first: What is intracellular?

Nothing microscopically observable goes to evidence the presence of inorganic matters within those centers of vital motion seen to be active when disturbed equilibrium is manifest consequent upon increased bioplasmic mass following the intussusception of the proteid substances. There are "centers within centers, and centers yet more central" (Lionel S. Beale). Into these inner centers where new centers of life activity originate and from whence issue and proceed the coming-into entity and on exhibition in karyokinetic elaborations, the products of the primal or bioplasmic processes, no inorganic matters can be traced. These arcanæ of vital motion cannot be invaded in research pursuits. It is in the "outer court" where inorganic substances and metabolic debris are to be found, and the action of inorganic salts must be "action at a distance" and their role dynamic in these primal activities. No facts observable here furnish evidence to the effect that any factor save that of the nutrient molecule has other than an "external" relation and dynamic part to play in this primal and vital function.

Hence the deep insight into the nature and *modus operandi* of these largely occult phenomena and also the correctness of conclusions and the soundness of the principles set forth by Churchill in regard to pulmonary phthisis, and the part which phosphorus and oxygen play in the disease and its treatment. The absence or deficiency in dynamics, as effected by these elementary and inorganic substances as predisposing and thus creating the pathologic conditions obtaining on the one hand, and the effective dynamic stimulative in the primal metabolism which the supply of these agents make efficient in therapeusis on the other, these, as exploited in Churchill's great work are a marked achievement of medical knowledge and acumen, the soundness of which is not made invalid by the recent advances in medical discovery.

True medical science will direct in effort, so far as may be, to find and return to normal conditions and environment, in which there are no "ravages" of bacterial so-called pathogenic action, and where their presence and life activities are harmless and contributory to the normal organic phenomena. It is surely unscientific and a perversion of the true teaching of bacteriology which seeks a

*These facts are shown in the elaborate and valuable research work of Prof. A. P. Mathews of the Chicago University.

Gilbert says we daily eliminate with feces at least 15,000,000 bacteria. We had an impression that there were some there.

In any purulent affection use sulphide of calcium, one grain four times a day, says S. E. Earp, in *Central States Med. Monitor.*

counterbalance to the result or entail of the modern industrial progress, said entail in the form of numerous diseases, in a theory of bacterial parasitism, which is proposed to be manipulated and utilized, medically, to dull the shock of disease as its optimistic promise (Prof. Theobald Smith). Such an hypothesis will find no place in medical science with a single decade of twentieth century progress.

It was seen at the outset that the action of drugs, as of all substances, inorganic and organic alike, in themselves considered, is chemical, and that only in their relation to the organic functions, may anything physiological be conceived or predicated. The processes in digestion are physical and chemical, simply, yet in their completion and as an organic function they are under the dominance of, and effected by, the potentiality of the bioplasmic activities. Sectionally some of these phenomena may be effected in the test tube and the laboratory, but only piecemeal, and the product not analogous to that of the organic function, which is chemistry plus something more.

No action of drugs, therefore, may be spoken of as physiological or therapeutical. It is the action resulting from the bioplasmic activities of the cells of which the chemical action of the ingested drugs was the irritative, provocative, or stimulative cause which is physiological. The chemical action of the drugs may be and is often merged in the chemical action of the organic substances and tissues, the whole operated and dominated by the bioplasmic activities—constituting the whole phenomenon, physiologic or pathologic or therapeutic as determined by the prior condition of the organism, and the nature and character of the chemical action of the drugs.*

Some drugs of simple character—which limits them so far as they are concerned to a simple chemical reaction and subsidence to equilibrium—may be not greatly effective in the modification of the vital or bioplasmic processes which are initiated by their action. Other drugs of more complex composition and less limited reaction potency may be much more effective in irritant or in stimulant action and consequently more powerful in their alterative effect or results. Some ingested chemical substances initiate their chemical action, find their equilibrium and are speedily eliminated with the debris, having created little disturbance, little change or modification of the organic or physiologic processes being induced. Possibly very few drugs are as little baneful in the results of their dynamic influence, however, when of that character.

Of course the effectiveness of drug action is seen in and depends upon the *response* to their physical and chemical action by the protoplasmic activities of the cells. The destiny of drug action is in this, and the potency of that action in its relation to that which may be termed physiological, is measured by that which initiates in the bioplasmic activities, provoking to change or modification by their action at a distance in the sense and degree already designated. The actual absorption of inorganic substances after attaining juxtaposition with the cell cannot be accepted as consonant with known cellular processes, and entrance and cognate action within and with the central vital motion "intracellularly" are not compatible with a correct conception of the primal cellular function from which originate and proceed all organic processes.

But for the most probable effective cooperation with the primal cellular processes and also for the most possible dire evil effects when of that character, commend me to the modern organo and serum therapy—so-called. If any kind of medicaments in entital substantive form may find entree "intracellu-

*This is not in the text-books, but it is in the facts.

In coryza use atropine, camphor and codeine, with a snuff of anesthesine and boric acid as an adjuvant.—Earp, *Monitor.*

Dr. Osler's mother is alive in her 100th year. Hope she doesn't read the papers or is not thin skinned.

larly" and like the nutrient proteids be taken up by the cell bioplasm and become a veritable factor in the primordial processes, these are they. Organic in character they are in close cognation with the vital substances operative in the organic functions, and most near in operative potentiality with the primal factors and processes. Of course the effects of their use would be systemic more than local, less rapid in instances but more abiding, more insidious and less remediable, when baneful, than drugs.*

The results of the use of serums are masked and not fully appearing, being merged in the general condition. Hence one is appalled at the, in much, irresponsible, not to say reckless, human experimentation now in vogue. Drugs act further "at a distance," so to speak, do not enter into the "warp and woof" so to say, as is probable in organo- and serum-attempted therapeusis.

A more or less radical, systemic change in fundamental organic condition and functional operation is brought about in serum therapy when immunity from a certain disease is attained, suggesting the question, what has been the cost to the organism? What, if any, organic potencies have been sacrificed which are needed in defence along other lines? Something more than is covered by Smith's "parasitism" and Metchinkoff's "phagocytism" is involved here! And the caution must be timely against the undue taking liberties—at least the personal and irresponsible part of this too much in evidence at this hour—with so profound a thing as the living human organism.

If the writer is not in error he has covered the ground in the topic with extremest brevity, and with much imperfection, of which the reader cannot be more aware than he himself is conscious.

Nutley, New Jersey.

*A study of the Doyen serum experiments is suggested!

MYRICIN.

BY JOHN ALBERT BURNETT, M. D.

THE alkaloidal or dosimetric practicians have somehow overlooked one very important remedy and that is myricin. There are but few if any remedies in the materia medica that have so wide a range of usefulness as this. Myricin is a concentration made from bayberry.

Bayberry has been used extensively by physiomedical or botanic physicians for quite a number of years. They use it in most all conditions where regular physicians use strychnine, and where eclectic and homeopathic physicians would use nux vomica. Myricin, like strychnine or nux vomica, acts on all parts of the body. It "takes up slack," and is just opposite to lobelin in its action As myricin takes up slack in all parts of the body and lobelin relaxes all parts of the body, one can readily see the great range of therapeutic usefulness of these two remedies.

Although lobelin and myricin have an opposite action, they, like morphine and atropine, which have an opposite action, are often prescribed together. When used in this way they are almost always used for the effect of the lobelin, the myricin modifying the action of the lobelin as atropine is used with morphine to modify its action. Myricin will, when combined with lobelin, modify its untoward action and increase its therapeutic properties, especially when lobelin

The younger the doctor, the greater the number of germs with which he is personally acquainted. —*Chi. Med. Recorder.*

It is unjustifiable and foolish for any medical practician today to assert that homeo. is the only law of cure.—*N. E. Med. Gaz.*

is given in excessive doses. As myricin and lobelin have opposite therapeutic action and both remedies affect the entire body, one can see the great advantage of having these two remedies on hand, for there is not a diseased condition but what one or the other of these remedies would benefit, and could be used temporarily if the exact indicated remedy was not at hand, until it could be obtained; and it is often the case that a physician does not have the indicated remedy at hand, especially those who practise in the country.

Myricin is not a new remedy in the experimental stage but is an old "residenter," one that has stood the test of time. It is a remedy that is hard to become acquainted with by reading about it, but when physicians get to using it they will soon find out its great therapeutic uses, and intuition will to a great extent guide them in its use.

The greatest mistake the alkaloidal or dosimetric physicians have ever made is the claim that tannic acid represents the therapeutic properties of all vegetable astringents. The vegetable astringents are most all very useful remedies, and I am sure that most all eclectic and many regular physicians will agree with me, in my assertion, that tannic acid does not represent the therapeutic action of all vegetable astringents. I find vegetable astringents a very important class of remedies. I have used tannic acid enough to learn that I do not have much use for it for anything.

Myricin stands in asthenic cases as lobelin does in sthenic cases. In all conditions where the vital powers are at low ebb myricin can be used with good results. It will sustain the vital powers in any low conditions, equal to any remedy in the materia medica. In such conditions it can be combined with capsicin or piperine.

Myricin acts on the nervous system, especially on the sympathetic nervous system. It has relieved various derangements of the nervous system when the ordinary nervines and anodynes had entirely failed to give relief to any extent. This remedy, according to Scudder, is a stimulant to the vegetative system of nerves, and to the processes of digestion, blood making and nutrition.

In various nervous diseases, such as chorea, epilepsy, etc., myricin deserves a trial. I am satisfied that it would prove to be a better remedy in epilepsy than verbenin, or at least equal to it. The two remedies would likely work well together. In chorea myricin could be combined with such agents as scutellarin and cypripedin.

In the August, 1905, *Physio-Medical Record*, Dr. I. J. Ealss classes bayberry as an involuntary muscle vasostimulant and he says: "Vasodilation is manifested by undue relaxation of the voluntary muscular coats of the blood-vessels and of involuntary muscular tissues of organs and systems, causing congestion and stasis of vascular and capillary blood-flow, one or both, resulting from the primary tissue states of deficient innervating action in the ganglionic neurons, *i. e.*, general vascular congestion, congestive chill, shock, etc. In this condition the indicated remedies are vasocompressors. Pure types of general vasocompressors are myrica cerifera and zingiber officinalis".

In the July, 1905, *Physio-Medical Record*, the late Dr. Hasty recommends myrica cerifera, in combination with coto and capsicum, as a remedy in diarrhea in typhoid fever and to combat relapse in typhoid fever. Myricin and capsicin will combat relapse in almost any condition. Myricin has a good influence on the circulation. It will warm the extremities and keep them warm when they are prone to become cold.

Dr. Charles A. Stafford, in the December, 1905, *Physio-Medical Record*, says: "Bayberry is one of the best agents in the materia

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New York is trying hard to rival Chicago's record for health and for 12 hours on July 30th not a death was reported.

Heiser says the quinine treatment for cholera fails in the Philippines from incessant vomiting. —*Med. Record.* Hypo. atropine then.

medica to sustain the muscular structures of the heart and vascular system."

Dr. R. J. C. Hamilton says, that myrica cerifera leaves a tonic impression on the mucous surfaces and circulatory organs. Myricin has considerable influence on both nervous systems, and on this account it acts as an antispasmodic, overcomes shock and sustains the circulation.

In all forms of bowel troubles, when there is much or even little mucus passing or present in the stools, myricin will prove to be of much value. If the patient is bilious it can be combined with chionanthin, leptandrin and similar remedies, and the mucus will soon be a thing of the past. Myricin is a remedy of great value in catarrhal jaundice and works well with chionanthin in this condition. On account of myricin having such influence on the mucous membranes and removing all mucus from the alimentary canal, I feel sure it would benefit many cases of appendicitis. It deserves a trial in appendicitis and could be combined with dioscorein.

Myricin has a desirable influence on the liver. The homeopaths consider myrica a wonderful liver remedy. It will clean a coated tongue, and is the only remedy needed in mild cases of biliousness. All physicians who have practised in localities where people are subject to biliousness know that occasionally they strike a case in which the tongue is extremely hard to clean, or cannot be cleaned off entirely at all by ordinary remedies, and sometimes it cleans off in patches. In all such cases myricin is the best known remedy, and can be used in combination with chionanthin in such cases.

Occasionally a physician will come across an acute case in which mercurial purgatives will not clean a coated tongue at all, and after their use a patient will desire acids. In such a condition myricin will clean the coated tongue and relieve the desire for the acids. Myricin to some extent resembles nitrohydrochloric acid in its action on the liver. It is the only vegetable astringent that has no laxative power at all, that is a cholagog and directly influences the liver.

Myricin is a very important remedy in typhoid fever. It will keep the mucous surfaces of the alimentary canal in such good condition that there is little danger of hemorrhage or diarrhea. Besides, it sustains the strength of the patient and the action of the heart, and keeps the tongue clean and the liver active without purgation. I like its use best in cases where there is a tendency for the tongue to become coated. As myricin is antiseptic it acts well as an intestinal antiseptic.

In cases of measles, after the eruptions have appeared and violent symptoms appear unabated, there is no remedy that can be compared with myricin. In this condition I like to use it with capsicin and asclepidin, and use it freely; and the violent symptoms will disappear as dew before the sun.

There is no vegetable astringent that acts just like myrica or myricin, and it has no substitute in any condition. It works well with geranin, especially when used after a person has been abused by mercury or other minerals. A combination of myricin and geranin will remove almost all minerals from the system. This combination deserves a thorough trial in cases of argyria, as there has never yet been a successful remedy discovered for this condition.

Myricin when combined with caulophyllin makes a valuable compound in confinement cases. It will stimulate true labor pains or relieve false pains. It will also prevent threatened miscarriage if not too far advanced. When combined with macrotin it makes a good compound to prepare a woman during gestation for an easy labor.

Howison says dogs are immortal. If they retain consciousness of this life it may be tough next time for their poisoners.

A Boston doctor writes to the *J. A. M. A.* that he has had Tucker's Asthma Cure examined and found over 7½ grains cocaine to the ounce.

Many diseases of women can be relieved by a combination of myricin and belonin, as the latter drug is one of the most important remedies in diseases of women and when combined with myricin its action is increased. This combination is of especial value for prolapsus uteri and some forms of leucorrhea.

There is a condition that old writers called "canker," which some persons are more subject to than others, and which is present more or less in many cases. There is a cankerous, metallic or bilious taste in the mouth. It seems as if the glands of the mouth are not secreting enough saliva, and this is usually the case; but occasionally there will be increased secretion from the mucous membranes, they being full and relaxed. In either conditions myricin will always give relief in a very short time. It is a "canker" remedy without an equal, *i. e.*, it will scour out the alimentary canal and leave it clean, and cause all glands to be active. In fact, myricin is a glandular remedy of great value.

I relieved one case of enlarged spleen immediately, or at least it got better immediately, with this remedy. I did not keep track of the case and do not know the final result, but feel sure that this remedy will prove to have a very favorable influence on the spleen, as on all other glands of the body. Its influence in this direction is from the action on the sympathetic nervous system, on the blood-making organs and in improving digestion.

In mild cases of indigestion myricin, or myricin in combination with capsicin, is all the remedy that is needed, especially in atonic congestion. I have found that when a patient eats too much, or eats something that does not agree with him, a good dose of myricin and capsicin will soon give relief.

In colds, grippe, etc., myricin is of much value. If fever is present combine it with asclepidin and capsicin, and if there is no fever, myricin alone or with capsicin will be all that is needed. A large dose of myricin at the very beginning of a cold will abort it at once. In croup, diphtheria, tonsillitis and other throat diseases, myricin alone or in combination with other remedies will prove to be of great value. In catarrh, leucorrhea, gonorrhea and ophthalmia, myricin is a useful remedy, both locally and internally.

Ptyalism caused by mercury, pilocarpine, pregnancy, etc., can be relieved by the local and internal use of myricin. Thrush can be relieved by the free use of myricin given internally. It can also be used locally as a wash for this condition.

In most forms of diarrhea, cholera morbus, cholera infantum, etc., myricin will give good results. It is of especial value for children with summer complaint, as it will "take up the slack" in the system that is produced by the summer heat, sustain the vital powers and keep the alimentary canal cleansed, the glandular system active and both nervous systems well braced. Dr. D. P. Borden, in the October, 1904, *Chicago Medical Times*, claims that the proximate or immediate cause of dysentery is an acid, and to cure it an antacid must be used; and for this purpose he uses powdered bayberry and Culver's root, with sodium bicarbonate, with good results. In place of the crude powdered drugs leptandrin and myricin can be used, with sodium bicarbonate.

Myricin has been used successfully as a preventive of various contagious diseases. It is of some value in preventing any disease. When myricin is given in large doses and the stomach is very foul, it sometimes acts as an emetic; but when the stomach is in condition to tolerate anything it will

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Having swallowed Medicine, Surgery is taking Gynecology as dessert. Gehrung asks plaintively—Is Gynecology dead?—*S. G. & O.*

How pitiful is the ignorance of these men when they come to deal with drug therapeutics. Don't they know any more?

tolerate myricin, or even the crude powdered bayberry. Myricin applied locally in solution will relieve pruritus vulvæ. Its local use is of value in various sores, scaldhead, etc.

When myricin is used in any case and does not seem to take effect as it should, it should then be given in combination with lobelin, in small and frequent doses, in hot water, until you get the emetic effect of the lobelin; and this will arouse the vital forces in such a way that any indicated remedy will take effect; and then myricin can be used with good results. In all obscure diseases when the indicated remedy is not known, myricin should be used; as if it does no good it will do no harm.

To a certain extent myricin is a vermifuge. It will put to rout all worms that thrive in mucus, as it removes all mucus from the bowels. Some pains, such as aching in the limbs and muscular soreness, can be relieved by myricin. It is claimed that Peruvian bark and quinine are incompatible with bayberry, as the tannic and gallic acids in the bayberry form an insoluble compound with the active principles of the bark, rendering it inert. I could not say whether myricin would be incompatible with these agents or not. It is thought that myricin acts better on an empty stomach in most conditions, and when using it, give it an hour or two before meals. In many cases of constipation myricin will relieve by cleansing the bowels and strengthening their muscular motion.

There are physicians who read valuable things and pass them by, not knowing a good thing when they see it. This article may be read by such persons, as the JOURNAL has for several years been proclaiming good things that have been completely overlooked by many persons. I can assure all that it will pay you well to thoroughly study myricin.

Dean Spring, Arkansas.

THE VALUE OF ELECTRICITY TO THE GENERAL PRACTICIAN.

BY C. S. NEISWANGER, M. D.

"Progress needs the brakeman, but the brakeman should not occupy all his time in putting on the brakes."

YES, much progress has been made in the past decade in medicine, especially surgery, but some of the *brakemen* of the profession seem to be spending the best years of their lives trying to convince their few remaining patients that electrotherapy is a fad.

How prone we are to criticise that which we do not understand, or that which encroaches upon the domain we have marked out for ourselves. Why? Simply because we do not all see things alike, not having viewed them from the same standpoint. Difference of opinion, however, is helpful; otherwise we would never arrive at correct conclusions.

From a recent editorial in a prominent medical journal I clip the following: "Electricity, beyond its use to heat a bit of platinum wire for cautery, is of no definite therapeutic value, except for its psychic or suggestive effect on the hysteric and neurasthenic." A little further on the writer admits that "a considerable number of *respectable* doctors are convinced of the utility of electricity in many conditions. They are rather hazy in their ideas, to be sure, and unable to tell what happens when they apply the mysterious agent, but they are none the

If we use "sulfate" we must also use sulfur and fosforus for sulphur and phosphorus, which would be lafable.—*Meyers' Druggist.*

Schieffelin says there are drug stores in New York where cocaine is given away to encourage the development of cocaine habit. Show us.

less sure of its good effects." And again he says: "High tension currents *do* seem to exercise paralyzed muscles, and may help to restore the functional activity of nerves affected by neuritis." The writer seems to have finally experienced a complete change, for he winds up the extraordinary article as follows: "That galvanic electricity is a valuable aid to the physician there is no doubt, aside from the x-ray machines and bulbs; we have good reason to place it among the agents that will produce good results. We do not believe, however, that any good will come from magnetic or interrupted currents, but we do value the primary current, produced by cells alone. It is true that magnetic currents and the noise they create may impress the patient, but they are of no utility."

Every word of this article, its phraseology and trend of reasoning, tend to show that its author is absolutely ignorant of the subject, and his criticism, therefore, valueless.

Like other things that have offered obstacles, electricity has more than once discouraged its adepts and only seems to shine with an occasional brilliancy. We seem to be living in the presence of ever dissolving facts, or what we once considered facts, but which our experience of today forces us to discard. This only goes to prove that electricity, like other branches of medicine, is not an exact science, and all the enthusiasm we may put in the subject does not make it more than a single remedial agent of very wide range.

Enthusiasm is, in all probability, the cause of the downfall of many a good therapeutic agent, because it not only hurts the remedy and those who use it, but begets adverse criticism from others of the profession, thereby preventing its legitimate use.

I have made a special study of this force from a therapeutic standpoint for many years, and while I find much to admire in its efficacy in the treatment of many pathological conditions—even to the point of becoming enthusiastic—I have never yet said to any patient, "Do not be operated upon, I will cure you with electricity."

We believe it is a conservative statement that there is scarcely a condition of disease but that electricity may be used in some form, either as an adjunct or a remedy, but we are forced to the conclusion that other remedies, which may not meet the indications as well, are employed because of a lack of knowledge of the therapy of electricity. While this is creditable from the standpoint that no remedy—*especially if it be electricity*—should be used without its therapy being known, it is deplorable to be forced to forego that which is best adapted to the case because it involves a little study.

If anything will do the work better, use it, but in view of the immense amount of reliable data at hand showing its remarkably beneficial effects upon various pathologic conditions, the true physician would be lax in his duty to his patients did he not study and use it.

The physican who uses galvanism intelligently in his practice soon drifts into gynecological work, because that current controls so admirably the pelvic diseases of women.

Clinical cases of endometritis at the Illinois School of Electrotherapeutics get well so rapidly that only one class can see them; stenosis is rationally treated by the same method; menstrual disturbances and dysmenorrheas disappear under proper electrical technic. Do not these results favorably compare with those gotten by surgical procedure?

I am not saying a word against gynecological surgery. It is good. Consent of the patient, however, is oftentimes hard to

To get rid of ants scatter in their paths powdered cloves and insect powder, or decoction of aloes and camphor.

Bull. of Pharm. says the last report of the N. J. Board of Health showed 43.7 per cent adulteration of drugs examined.

obtain and we must respect the natural fear patients have for the knife unless we have good reasons for ignoring it. The only procedure available to the surgeon is often not so rational as those employed by the electrotherapeutist, although the immediate results seem to be good. For instance, I am at present treating three patients for undeveloped uterus. All are married, have dysmenorrhea and are sterile. All have received treatment elsewhere—*dilation.* One has received this treatment every month for nearly a year, and although the organ is less than 1 1-2 inches in depth, the canal is large enough to admit one's little finger. Is it rational to suppose such treatment will improve the muscular fiber of the uterus and its attachments so they may be able to functionate normally? The veriest tyro in the use of electricity can often bring such cases to a successful termination in less than twenty-five treatments, if only he learn the proper technic.

Fifteen or more years ago many physicians became enthusiastic on the electrical treatment of uterine fibroids as advocated by Dr. Apostoli, only to find that their efforts in that direction were severely and justly criticised by the better members of the profession. The reason for this was because the technique was faulty, and the instruments crude. At the present time the technique has been so materially improved that a symptomatic cure is obtained in every case, which enables the patient to pass the rest of her lifetime in comfort. Dr. M. C. Rice, clinician at the Illinois School of Electrotherapeutics, makes the statement that, of the many cases of interstitial uterine fibroids treated, only one was operated upon after cessation of the treatment, and in that case the patient's condition was materially improved in every way. She, however, was persuaded by her family physician to submit to operation, although the use of positive galvanism had reduced the menstrual period from ten days to three. She died three days after the operation.

Dr. Rice further states that in no instance was the tumor known to grow or cause trouble after proper galvanic treatment, although in many cases the patient was under observation for several years. Dr. Martin states that "it is often marvelous what a transformation will take place in these apparently hopeless cases after a few weeks of judicious galvanic treatment, and that while apparently hopeless—oftentimes being 'given over' by the surgeon—they are able to be symptomatically cured by this simple remedy. I have a long list of such instances, and they constitute some of the most satisfactory results I have ever achieved."

In genitourinary practice the results obtained by myself and many others in the reduction of urethral strictures and the treatment of prostatic lesions, fully justify a continuance of the remedy and should court its elaboration by specialists along these lines.

The ordinary faradic battery will tell you accurately whether your case of paralysis is of cerebral or peripheral origin. Galvanism will assist you in making a prognosis by showing just how far degenerative changes have progressed in the nerve.

Nearly every physician throughout the country owns a faradic battery, but does he know or realize the number of emergency conditions to which it is applicable? Does he know that in cases of drowning, asphyxia and opium poisoning he can produce artificial respiration better and more certain by the use of induced currents than by the use of any other means and thus save all the manual labor usually required for

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The violet, which recently attracted interest as a cure for cancer, contains a glucoside, violin, not yet tested clinically.

Typhoid Fever: Billings and his colleagues have abandoned the Brand bath for the sponge bath after year's experience.—*Clinique.*

such work? That the new born infant may be resuscitated quickly by the same means?

And the static—what shall I say of that great equalizer of the nervous forces, that eliminator of the waste products which has a more profound influence on metabolism than all?

The observing physician who has watched the treatment of cases of neurasthenia, neuralgias, neuritis and hysteria, could not be other than profoundly impressed by its beneficial action in these stubborn cases.

Time will not permit me to enter into any details regarding the x-ray. Its uses in medicine and surgery are many and varied and most of you are familiar with the literature on the subject. The longer I use it, however, the more care I exercise, for I have just began to realize its danger both to patient and operator. The literature, as to its indications and the technic are so diversified that it behooves all seekers after knowledge in this direction to exercise extreme care. Freund aptly remarks, "Radiotherapy must be learned practically under a skilled operator and not from books."

How like human nature it is to think we are right and those of contrary opinion wrong, but do not forget that it might be the reverse, and it is my earnest desire that the brilliant galaxy of eminent specialists assembled here to day may look kindly on my effort to induce them to view this subject from the standpoint that "there is good in all."

Chicago, Illinois.

ALCOHOL IS HELL.*

BY Y. L. ABERNATHY, M. D.

I LIKE orginality, caloric and strenuosity. This title fills the requirement. If I can command language sufficiently torrid to sustain the temperature we'll have a "hot time." The idea is borrowed from that harsh but true expression, "War is Hell."

That hot and harsh word, "hell," needs no definition, no analysis. It is the epitome of all horrors, crimes, calamities, sorrows, ruin, devastation and death. The author of "War is Hell" was eminently correct. But as compared to the hell of alcohol it is attenuated into insignificance. War comes and goes and a few hundred thousand premature deaths and millions of treasure are sacrificed. But time soon erases its ravages, and prosperity and happiness again reign.

War comes and goes. Time eradicates its ravages, wounds and bitterness; but the seething, blighting hell of alcohol, like "Tennyson's brook, flows on forever, freighted only with ruin, horrors and death. Like the "Great White Plague," it is universal and omnipresent, and without a rival. Every phase of the subject has been exhausted thousands of times, through all the centuries. To attempt originality, therefore would seem unique if not absurd. But this is what I propose to do to a limited extent. In the main, hash with the condiments, served hot, is all I can hope to offer.

Picture illustrations convey a more vivid impression than words. Pertaining to the hellishness of war, an artist represented Napoleon, Caesar, Hannibal, Alexander and hosts of the world's great warriors moving in a grand procession, in chariots and upon proud, prancing chargers, panoplied in all

*Read at a meeting of the Tri-State Medical Society at Nashville, Tennessee.

Millican says that many of the cases of tumor of the bladder occur among workers with anilin dyes. Is that your observation?

Dr. Kraft of Cleveland had a severe bump from a fall on the sidewalk, but recovered on the 200x of the sidewalk.

the glittering paraphernalia of glorious war.

Brilliant and mighty pageant from the dim distant past,
Keeping time to martial music and the bugle's thrilling blast.
Plumes and banners proudly waving, dancing in the sunlit air.
Oh! what power, greatness, grandeur, exalted far beyond compare.
But hearken! "Paths of glory lead but to the grave."
On either side a wall of dead, as wide as ocean wave;
And famine, pestilence and death, furies black of hellish birth,
Follow with the evils, sorrows, Pandora let loose on earth.

Literally hell with all that implies, but they pass and become only a memory, and peace and prosperity reign again. Grass and flowers bloom upon the dismantled forts and the birds rear their young in the frowning cannon's mouth.

I have seen the "Alcohol Hell" illustrated as a huge octopus extending its horrible, slimy tentacles into every avenue and department of life, from the capitals of state and nation and municipal powers and the halls of justice and learning, and from the mansion to the hovel, into every home, to wither and destroy. A permanent, legalized monster, gorged to fatness and reveling in fiendish glee and exultation over the wrecks of its millions of victims. Hell in earnest and without ceasing! Its resources are inexhaustible and its influence beyond computation. It perpetuates its life and power by subsidizing the press and dictating legislation and silences opposition with the magic power of untold millions.

"Not in Hades alone,
Doth Sysiphus roll ever frustrate the stone,
Or the Danaides ply ever vainly the sieve;
Tasks as futile does earth to its denizens give."

This monster must be destroyed and it is the duty of and devolves upon the medical profession of the world to do it. It is strictly within our jurisdiction, and in accord with all our efforts and measures, to protect the health, happiness and longevity of the race. It is a disease, and the cause direct and indirect of numerous fatal physical and mental maladies, all of which are preventable. Prevention being our strongest motto, our *sine qua non*, and our most marvelous victories accruing therefrom, and the knowledge pertaining to them being peculiar to our profession alone, places the responsibility upon us. We cannot escape it. The magnitude and difficulties of the undertaking are appalling but must be met and the victory won.

Education and legislation are the keys to the situation. The same energy, persistency and treasure which prevent cholera, bubonic plague and yellow fever, and are so rapidly decreasing the mortality of tuberculosis, and will ultimately conquer it, will accomplish the desired result. This means a vast deal of instruction through every possible avenue, and to practise by example as well as precept.

We must correct the erroneous but universal idea that alcohol is a great remedial agent and preventive of disease, that it is a "food," and in the form of wines and beer "a harmless beverage for family use." This is the greatest solace to the dealers, that it is a "medicine" and a "food." Masquerading as such, wine and beer become more potent for mischief than the stronger and recognized dangerous forms of alcohol. They are nearly all adulterated with dangerous narcotics. But suppose they are not and contain only the one poison, alcohol, then this affords amply sufficient reason for their denunciation. They intoxicate and are used solely for this purpose and not for medicine.

Alcohol is not a food in any form. But grant that it is—then its power for evil is so great that it should be legislated against by the side of chloral, cocaine and morphine, as

One singular result of the San Francisco quake was an immediate and immense increase in the number of marriages there.

Drugs increase or decrease activity but do not alter its form. No new function can be created by any substance.—Sollman.

a dangerous habit and disease-producing agent, and subjected to the same restrictions and penalties. Its time-honored function in the sick room, might be said to have been relegated to innocuous desuetude. It has been usurped by agents more potent, convenient and reliable and less hazardous. It is a deceptive excuse of a majority of alcohol habitues that they use it as a medicine. We must not only teach that it don't prevent or cure disease, but on the contrary produces a large number of physical and mental maladies. The habit itself is a disease, capable of being transmitted to posterity.

But grant it to be a good remedy in some diseases; then because of its habit-producing and dangerous, poisonous qualities, legislate it by the side of chloral, cocaine and morphine with the same restrictions and penalties.

The British Medical Association at Toronto recently discussed the alcohol question thoroughly. The consensus of opinion was that it was no longer considered a therapeutic agent of value, and that the profession of Great Britain condemned it both as a medicine and a beverage. While there was some difference of opinion upon some points, this was the general conclusion, as attested by such men as Prof. Sims Woodhead, the great pathologist of Cambridge University, and Sir Victor Horsley of London, a great authority upon mental and nervous diseases. One speaker claimed that drunkenness was the result of insane impulses and desires, spoke of its periodicity, etc. No doubt he is correct in some cases. Heredity might account for it. But this does not contradict my theory that when one is drunk one is insane.

Inebriety is temporary insanity, governed in a degree by the amount of the poison taken and the susceptibility of the subject. It is a prolific source of permanent insanity. The practical results to the individual and to society are the same, as though he were deprived of reason from any other cause. How frequently this results in murder and all the crimes and disgraces in the whole category. They should not be punished for the crimes, but for getting drunk to commit them. This is the responsible act. No crime is worse than drunkenness. It is the cause of most of them, and together with the other forms of dissipation, with their penalties, diseases and associations, which invariably accompany it, completes the ruin.

The confirmed inebriate is the most hopeless, helpless, miserable, mean, malicious, malignant, mendacious, selfish, degraded, incorrigible, crazy, despicable, malodorous animal in existence. An unmitigated, pitiable nuisance, totally devoid of any redeeming attributes and capable of any crime. Yet, "his personal liberty must not be interfered with." Thousands of startling tragedies daily occur because this class of real lunatics are allowed the liberty of roaming at large, instead of being incarcerated in asylums for treatment, as others are. They are amenable to cure but must be coerced (as other insane) because they have no will power and their mental and moral faculties are so impaired as to render them totally indifferent to or unconscious of their true state.

The very idea that so urgent and palpable need of law and institutions for the restoration of this large class of most unfortunate, diseased and insane should be unheeded and neglected is past comprehension.

Inebriate asylums in some of the states are said to be eminently successful. The subject is confined for a term of months, and put to work upon wages for the benefit of his family and forced to undergo treatment. When restored he is released, with the admonition that another offense means a much longer term in the asylum. They

Most drugs have an elective affinity for certain cells like the selective tendency shown by toxins and digestion products.—Hill.

Strychnine affects mostly the motor nerve cells. Morphine depresses the brain and stimulates the spinal cord.—Hill.

get very tired of it and many are permanently restored. Each county, city and state should have such institutions, will have if the medical profession and other great moral reform institutions will perform their whole duty. This perhaps affords the best remedy for the sufferers and the existing evils. Still better, by far, would be by our votes and influence to prevent the necessity for such institutions. Here, as in medicine, the proverbial "ounce of prevention" has grown to be "more potent than tons of cure."

It is a rule of law, that being cognizant of, and able to prevent a crime, and not do so, makes one *particeps criminis*. This applies with fearful force upon all who are responsible. It is a stigma upon humanity, and especially our profession, that such foul, putrid, cancerous excresences as the alcohol hell produces on the body politic should exist.

A number of years ago a celebrated physician of Paris produced a very profound impression by lecturing upon and illustrating the pathological lesions resulting from alcoholism. It was taken up in London and other large cities and is said to be the nucleus from which started the present wave of temperance reform which is so mercifully sweeping over the entire civilized world. This illustrates and vindicates as strongly as possible my position, that to the medical profession belongs, in a peculiar manner, the opportunities and responsibilities of promoting the great temperance cause and fulfilling our greatest mission, the prevention of disease, sorrow and death. I wish to especially emphasize this as the paramount thought in this article.

The pure food law, including drugs and whisky, which was recently enacted by Congress, illustrates the power and influence of the medical profession. It was almost wholly through its instrumentality that it was accomplished, and its benefits can hardly be estimated. Manufacturers of patent medicines are required to state on their labels the percentage of alcohol, cocaine, morphine and other poisonous agents contained in their remedies. The object of course is to protect health and life and prevent fraud. The same spirit and purpose, extended a step farther, would destroy the whole patent-medicine business, the most flagrant and gigantic fraud extant.

The same is true of alcohol, The day is not far distant when it will be subject to the same rigid restrictions and penalties as cocaine, morphine, etc.

It is deservedly popular to denounce those engaged in the nefarious alcohol traffic. But more culpable if possible are those who patronize them, fools whom they part from their money with which they indulge vicious tastes and habits and make ostentatious display, control elections, subsidize the press and perpetuate their power. From their standpoint, having as a rule, no appreciation of anything higher than paltry dollars, their business is a success. They roll and revel in luxury and ease, while their wretched victims and their families helpless are in poverty, disgrace and despair. Some good, but terribly deluded men engage in and patronize the whisky business. This kind can be rescued. All can, with the proper effort, which I am happy to say is now being used upon a more gigantic and successful scale than ever before in the history of the world, thanks to our clerical brethren, the W. C. T. U., and other temperance workers and the good everywhere.

A wonderful revolution of sentiment is being wrought, so much so that the various candidates for office are falling over each other in their eager precipitancy to scramble into the "water wagon." This is the most favorable sign possible for temperance, that they are compelling the politicians to respect

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Cicutine, gelseminine and sparteine paralyze the endings of motor nerves. Strophanthin acts first on muscle tissue by direct contact.—Hill.

Foreign haptophores as of drugs and poisons are more or less isomerically identic with normal nutrient haptophores.—Hill.

and cater to their power. As it is through them relief must come, it isn't Utopian to predict that in the no distant future the destructive and loathsome flames of the alcohol hell will be extinguished forever. It is coming. *Vox populi, vox Dei.* A thing that is so positively necessary and entirely essential to the best interests of the race must be consummated. The best thought of the best people will prevail and all errors and evils will ultimately be eradicated. "The mills of the gods grind slowly, but they grind exceedingly small." The beacon lights of education, intelligence, and Christianity are penetrating the black night and murky gloom of ignorance.

One of the most prolific sources of the alcohol habit, and one which robs the sick and dying of millions, is the patent medicine business. Very many of these nostrums contain a larger percentage of alcohol than beer. (It has enough to make you crazy, blind drunk very quickly.) They afford a mere subterfuge to introduce alcoholic stimulants into localities where its sale is prohibited, and into the family circle among all classes, and where its evil influences cannot be estimated.

Medical literature furnishes many instances of innocent, unsuspecting women and children and ministers who were suffering from alcoholic poisoning and had to undergo treatment for it, who would have been horrified at the thought of using it in its usual forms. The various drug addictions are also induced by them and they are even more horrible, if possible, than alcohol. There is no language adequate to denounce these vile poisons, and their lying, thieving, proprietors, who flourish and prosper off the credulity of the suffering, ignorant and unfortunate. They escape the stigma which attaches to the alcohol traffic in all its lines and many of them pose as great moral reformers, philanthropists and church workers. But they are more culpable and there is less hope for them than for those who deal in the ruinous, deadly poisons, unmasked.

It is just and right to denounce the dealers in the vile stuff. Their places of business furnish the rendezvous for the very worst elements of society and are training schools for vice and crime, in all their hideous forms. No matter how many mirrors and diamonds or cut glass and silver may flash their gorgeous hues and glittering scintillations, or how many evidences of wealth and respectability they ostentatiously display, these stubborn facts remain. Isn't it true that the seller is just as good morally and a great deal smarter than his patrons, who support and make possible his nefarious business? They are there "to separate fools from their money." As I have said, some good but terribly deluded men engage in and patronize this hellish business. They have some conscience, and an intelligent appreciation of the danger and stigma pertaining to it, and may struggle against the fetters of appetite and habit, and the need of and love for that which is the root of all evil.

Some of these, the beer manufacturers, are manifesting some conscience and pride in trying to place their product upon a higher plane than other alcoholic preparations. They are spending money to close up low, disreputable dives and openly endorse the temperance sentiment, claiming it to be a "nonintoxicating, family beverage and food," They are to be commended for wanting to make their business respectable and for aiding in the elimination of its evils. I can only wish their claims were tenable and supported by facts.

It is said that the word alcohol is derived from terms signifying the devil and I presume it is true. Whether so or not, his

Strychnine stimulates and finally paralyzes by overstimulation on the large multipolar ganglia in the anterior cord.—Potter.

Aconitine in contact with some nerve structures produces excess of energy, on others arrests all action.—Gowers.

Satanic Majesty is always right there, raising plenty of Hades wherever the article is found, no matter whether in red liquor, sparkling wine, or the amber fluid. In all forms it is an unmitigated, universal, omnipresent evil, curse and nuisance, without a single redeeming feature. I would feel safe in offering a large reward for a single individual, who hasn't, directly or indirectly, suffered loss or disgrace by it; or one who has been benefited by it as a medicine, beverage or food. Such being the truth, and we challenge refutation, isn't it passing strange that it is tolerated and legalized, made so by our votes, yours and mine, through apathy, party fealty, cowardice and lack of moral courage to sustain our convictions and perform a plain Christain duty? This makes us parties to all the horrors and crimes of the alcohol hell. The responsibility is upon us; we cannot escape it; we are our brother's keeper; what can, or shall we do?

Fight, fight aggressively and constantly; vote right; let each and every one do all in his power and add his influence to the sum total and the monster will inevitably yield and be driven from the face of the earth.

Thus far all efforts at moral reform, or connecting respectability, temperance and religion with the saloon business have been dismal failures. One of the latest was that of Bishop Potter of New York. They cannot and never will mix. They are antagonistic at all points and will ever be separated by that wide gulf between good and evil. It is best that it is so. The so-called reputable saloon is more potent for evil than the low degraded dive, just as the prominent, respectable drinker is more dangerous to society than the loathsome vagabond in the slimy gutter. There should be no truce or compromise with it. Degrade it, stigmatize it, outlaw it as a common enemy of the race.

There is no compromise with or toloration for it. Nothing but war, bitter, relentless war and to extermination. War with tongue, pen, purse and ballot. War upon this foul, putrid ulcer and cancerous excrescence upon the body politic. War upon this breeder of disease, insanity and death. War upon this incubator of sensuality, seduction, rapine, monsters, brutes and murderous riots.

War upon the system that lures sons and daughters to ruin and heaps humiliation and sorrow upon anxious and devoted fathers and mothers.

War, constant unto death, upon this fiendish, insatiate octopus, with its venom and slime, its pernicious and loathsome breath, a constant cyclone of disaster.

War upon this subtle poison that dethrones reason, and with treacherous fascination, like that of serpents for their prey, insidiously robs of all, and revels in ruin.

War, fierce, hot and eternal upon a million gilded shrines to Bacchus, from which emanate all that is evil, and upon whose altars are sacrificed all that is good.

"Alcohol is Hell" the red glare of which flashes with glittering fascination and subtle charm for the young and thoughtless, who revel amid brilliant, seductive, but deceptive enchantments, like that of serpents for their prey, or the fatal light which the heedless moths dash against, unmindful of the havoc wrought. Upon each whited sepulcher and damnable den of corruption, hellishness and death should hang the warning inscription of Dante's Inferno.

"All hope abandon, ye who enter here."

Hill City, Tennessee.

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One small granule of glonoin will give more certain and dependable results, in the average case, than half an ounce of whisky —and it is vastly safer, from whatever

The tendency of modern therapeutics is toward smaller and more frequently repeated doses.—White.

When a drug affects functions progressively, those first affected are the highest in development.—Hill.

angle we look at the matter. All the indications for which alcholic stimulants are usually administered are better met by remedies like strychnine, digitalin, cactin, glonoin, etc. Why then, should physicians still recommend this dangerous poison, the perils of which Dr. Abernathy has not painted a bit too strong?—Ed.

A CASE OF SPLENOMEGALY.*

BY A. WEAVER, M. D.

MY only excuse or apology for presenting this rather unusual and relatively rare case, is the hope, that in the presentation and review of the later ideas, it may be of material aid in drawing your attention to some of the diagnostic features of these cases and their differentiation.

This disease has been known since 1845, when Bennet and Virchow both described it independently. In the last few years and especially since the better development of the study of the blood there has been an immense amount of investigation along these lines and yet there is perhaps more confusion regarding blood-forming diseases than any other class.

At first I had determined to consider both types—the lymphoid and the myelogenous—together, as the prevailing opinion in the current literature is that their etiology as well, as that of those apparently kindred diseases, were probably the same. Nothnagel thinks even the two types are not likely related, as they are as much different as typhoid and typhus fever. They are essentially two diseases; lymphatic as indicated by lymphoid tissue and myelogenous by the myeloid tissue.

Myelogenous leukemia is therefore a chronic disease with a metastasis and hyperplasia of the myeloid tissue and an excessive leucocytosis of a peculiar character.

My boy had no previous history of illness. He was raised on mother's milk, well developed and a typical picture of health. His father, mother, brothers and sisters have never been sick except that the mother had sepsis at his birth. On the mother's side of the family there have been four cases of Bright's disease with three deaths and also three cases of epilepsy, two of which are in the persons of grandmother and uncle.

This history might well suggest some hereditary taint of faulty elimination. However, "we know nothing of the condition which causes this disease to develop."—Osler. "Like pernicious anemia its cause is unknown."—Thomas and Loomis. It occurs at any age, perhaps most frequently between the ages of 20 and 40 years. Heredity, as in other malignant diseases, no doubt plays its part. It is said to have followed malaria, syphilis, trauma, parturition, climacteric, rickets and even simple anemia. There are several instances where the nurse has acquired the disease and also where several individuals of the same family became affected. It has been found and demonstrated in the lower animals—the cow and the cat. Baccelli, after many confirmatory experiments, thinks leukemia is a form of sarcoma of the blood.

Pardon me for reporting this case somewhat in detail in order to bring out fully and clearly the clinical picture.

Late Sunday evening, after dusk, Sept. 3, 1905, Mr. G. B. brought his three-year

*Read at the meeting of the Botna Valley Medical Association, Atlantic, Iowa, Aug. 9, 1906.

Many volatile remedies, as ether, pass out of the body within an hour; a dose of arsenic may not be eliminated for months.—Hill.

Hypodermic medication is almost useless in marked dropsic conditions. Dose before meals for local effect or quick absorption.—Hill.

old boy to my office to find out what the large lump in his belly meant. He claimed that the boy had not been sick, looked well, and, as I could see, was fat and well nourished. However, on close questioning, there was some history of looking pale, being cross and not quite so well, with the accidental discovery of the tumor in the abdomen. In a hurried examination I found the pulse 120, temperature 101-2°F, bloating, most in evidence on the feet and face; and the most apparent and persistent priapism that I ever saw. The lymphatic glands were enlarged, especially those of the neck and groin; they appeared as a simple hyperplasia. The tumor in the abdomen, the patient lying on his back, was prominent, indeed filling the entire left side of the abdomen and extending over the median line several inches at the umbilicus. It was moderately hard, movable and apparently painless. The splenic notch was well marked. Liver enlarged. The bowels had been moving too freely. Kidneys were sluggish. I took some blood smears and found hemoglobin 40 per cent.

I told the father that I did not know what ailed the boy; would have to find out—investigate. I asked him to return Tuesday morning and bring a sample of urine; directed him during the mean time to give the child nothing but bread and milk and plenty of water, noting the stools and getting the bowels cleaned out. I gave calomel and salol. Next day I examined the smears and found a typical blood picture of splenomegaly.

Tuesday I was tied up with a case of obstetrics and my wife 'phoned them not to come till afternoon, but notwithstanding this they came early and fed the child candy and peanuts. The result was convulsions. The doctor, as they had to call one, begged me to hurry home as he feared the child would certainly die. Now we had grafted on our splenomegaly a violent gastroenterocolitis with practically total suppression of urine. We used the usual precautions and remedies and added Fowler's solution. The immediate improvement in the blood picture and the spleen were remarkable; however, it was due to the secondary infection, enterocolitis. The latter certainly was a slow, persistent and long drawn-out affair with several almost fatal relapses caused by feeding potatoes contrary to instructions. The urine for weeks was scant, bloody, albuminous and contained an enormous amount of uric acid.

On Sept. 22, 1905, I began to treat the little patient with x-ray exposures every other day.

My notes on Oct. 29, 1905, having used the x-ray a little over a month, state: Kidneys some better; the patient passes more urine, swelling gone, and spleen about half its former size. Using malted milk. Stools fairly well digested. Lymph glands about the same. Very cross and irritable. Hemoglobin 70 per cent; w. b. c. 80,000; r. b. c. 4,000,000 per cmm.

Nov. 30, 1905. Hemoglobin 80 per cent; r. b. c. 4,200,000 and w. b. c. 11,600. The child has gained in weight and digestion is better. The kidneys are working finely but still leaking a little blood. No priapism, no edema, and spleen and glands very much reduced, the former perhaps one-sixth to one-eighth former size. The child is in good spirits and begins to note his surroundings. Giving arsenic and permanganate of iron.

Apr. 19, 1906. Looks well, eats, sleeps and plays. Kidneys and bowels acting finely. Some priapism again; had stopped the medicine. Glands are slightly enlarged; liver and spleen not palpable. Weight 30 pounds as against 23 formally. Hemoglobin

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Vegetable acids stimulate the alimentary secretions, causing flatulence and diarrhea.—E. C. Hill, *Denver Med. Times.*

Benzoic acid is the only drug that can effectually render the urine acid (white.) Large doses of boric acid intensify urinary acidity.—Ultzmann

100 per cent, blood cells normal, except for an occasional myelocyte. Differential count: small lymphocytes, 18.2 per cent, large lymphocytes 17.1 per cent, transitional 1 per cent, polynuclear 58.5 per cent, eosinophiles 2.2 per cent, mast cells 2.2 per cent, myelocytes (eosinophilic and neutrophilic) 1 per cent.

June 20, 1906. Examined the boy and found the spleen nonpalpable, liver normal, lymph glands normal except one on the left side of the neck about the size of a small hazel nut, no pain, no pressure in the bones, tongue clean, kidneys and bowels regular, weight 30 1-2 pounds and slight priapism. In good spirit, laughs and plays and eats and sleeps well. Hemoglobin 100 per cent; r. b. c. 5,187,000 and normal in every respect; w. b. c. 18,200—unfortunately took w. b. c. shortly after a meal. A few myelocytes and mast cells are still in evidence.

These patients often appear remarkably well nourished but perhaps pale, and the onset is insidious; the first thing to attract the attention is usually the accidental finding of the enlarged spleen or a hemorrhage. Then on closer observation we find noninflamed freely movable glands of various sizes, those of the neck and groin most enlarged.

The spleen may be only slightly enlarged but as a rule is enormously; and it may be soft or hard, depending on the amount of connective tissue hyperlasia. In the soft condition there is danger of rupture. The splenic notch is easily found and pain, tenderness and crepitus are due to localized peritonitis—a perisplenitis. Time and hardness go hand in hand. The liver is also enlarged. In fact the myeloid tissue is no longer limited to the bone marrow but infiltrates the entire organism, especially the lymphoid tissue of the body—Peyer's patches, tonsils, follicles on the base of the tongue, inner ear, fundus of the eye, etc., causing pressure symptoms according to the structures involved—in the eye blindness, ear deafness, bronchial glands, dyspnea etc

The anemia causes a train of secondary symptoms, as digestive disturbances, pallor, palpitation, soft, rapid, and compressible pulse, dizziness, headache, faintness, fever, dyspnea, edema and later purpura.

Priapism is one of the peculiar features and may be the first and the most persistent symptom, as in this boy; and yet the power of erection may subside and in the female menstruation may stop or be replaced by a hemorrhage. Yet women conceive and go through labor.

There is an excess of uric acid excreted, probably the end-products of destroyed leucocytes and the subsequent metabolism of the nuclein. The hemorrhage and purpura later in the disease may occur at any time and in any organ or tissue of the body; it is more to be noted in the skin and in the mucous membrane or its effects on the nervous-system tissue. Nosebleed is common. The skin gets hard, dry and lusterless—waxy and inclined to local infections, as boils, etc. Sweating comes on late in the disease.

I punctured the boy's ear to get the blood specimen. The blood was pale, pus-like, flowed very freely and was slow to coagulate. The hemoglobin was 40 per cent but as you know the excess of the white cells renders the blood more opaque and shows a lower color index than really exists. On the slide the blood appeared thin, watery and colorless. The red cells showed many normoblasts, poikilocytosis and shadow cells; the white cells a high leucocytosis of a myelocytic type—30 per cent by actual count—and mast cells. There was also a great variation in the size of the white cells

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Acids are generally antiseptic, hydrochloric being the most efficient for internal use, says Hill.—*Denver Med.* Times.

Calomel, strontium salic. and sulphocarbolates are among the best intestinal antiseptics, purges remove culture media.—Hill.

and their granules. The blood picture was at once striking and diagnostic. Contrary to the general text-book opinion, the red cells are not necessarily much reduced, in fact, in very far-advanced cases there may be no change until we have complications. The relative proportion of white to red is no longer considered. In making our blood examinations we should always bear in mind intercurrent affections and their effect on leucocytosis, especially noting the character of the leucocytosis, whether polynuclear or myelocytic.

The white cells as we all know are manufactured in the lymphoid structures throughout the body and gain access into the circulation by way of the thoracic duct. These cells include the small lymphocytes, large lymphocytes, transitional, polynuclear and eosinophile, which in fact are only different stages and ages of the same cell. The myelocytes are normally manufactured and found in the bone marrow. The red cells are also formed and found in the bone marrow, possibly a few in the spleen, and the latter also acts as their graveyard; some, however, may die in other organs. From the above it is evident that this disease could not have been placed on a firm and absolute basis until blood work was better understood. The myeloid tissue, which is normally found in the bone only, infiltrates other organs and they take on a new function—that of manufacturing myelocytes.

The pressure symptoms which these growths produce interfere materially with the respective functions of the organs which they invade.

I am frank to state that I based my diagnosis and differential diagnosis, practically, on the blood findings. I find that I am supported by Nothnagel, Osler and many others. The clinical picture may be identical in splenic anemia, pseudoleukemia, chronic lymphatic leukemia and possibly, somewhat similar to lymphosarcoma and the anemia, pseudoleukemia infantum, of V. Jaksch. Acute leukemia takes on the picture of an acute infection, hence the difference. Nor must we forget malaria, syphilis, rickets, tuberculosis, or other malignant troubles, and also that any of the above may coexist and modify the course of myelogenous leukemia. The blood findings, which are absolute, is a leucocytosis in which we find a considerable number of myelocytes—neutrophilic and eosinophilic; a marked increase of mast or basophilic cells; possibly some evidences of anemia, as indicated by the color index, poikilocytosis, normoblasts, etc. It is possible we have the above blood picture and yet no physical signs.—Nothnagel. Here it is well also to bear in mind any intercurrent affection and its effect on the blood picture, as was indicated in the case above.

The prognosis is unfavorable, usually incurable. The older writers classed it as sarcoma of the blood. The majority prove fatal within from two to three years. The depraved condition of the system favors complications and so-called terminal infections. The immediate unfavorable symptoms are indigestion, diarrhea, hemorrhage, dropsy, fever and secondary infections, as my case had. Death is due to hemorrhage, exhaustion, sepsis or some complication. There were several times that I feared serious trouble aside from the unfavorable conditions mentioned above, and these were in the form of local infections, impetigo contagiosa, a violent balanoposthitis, follicular sore mouth and a vesicular x-ray burn. However, they all readily yielded to treatment, the last to ichthyol and lanolin and turning him over and exposing the opposite surface instead. Contrary to the former opinion the burn was

Creosote, etc., by mouth benefits pulmonary cases by their disinfection action on the stomach and bowels.—Hill.

The convulsive alkaloid cornutine is the chief factor in the action of ergot on the uterus.—Kobert.

caused by a soft tube, which happened to me again this past winter while treating a case of hypertrichosis.

The x-ray treatment, while yet in its experimental stage, changes the prognosis and makes the outlook more favorable. Yet it is well to bear in mind that these cases have their periods of remission.

I gave my boy Fowler's solution of arsenic for his leukemia, peptonate of iron and manganese for his anemia and such other treatment as his condition suggested from time to time. The best possible hygiene under the circumstances; plenty of water and practically no food but malted milk for weeks, as absolutely nothing else would digest or agree except coffee with a little sweet cream. We tried the entire line, cow's milk plain and peptonized; rice, barley and bread tea, pap, broths, meat extracts, albumen water, gelatin for food (and as antihemorrhagic), fruit juices, egg yolks, crackers, rice boiled in bone marrow, toast, etc.

On Sept. 22, 1905, 19 days from the time I first saw him, I began to give him fifteen minute x-ray exposures every other day with a hard tube placed 20 inches from and over his spleen in such a manner that its rays included his entire body. This treatment was regularly continued for a time, then when he became better very irregularly, so that he received between Sept. 22, 1905, and March 8, 1906, a period of 5 1-2 months, 31 treatments. We have continued the medical treatment with intervals and irregularities during the entire time.

I might mention the serum treatment, only to note its failure. Operation is likewise unsuccessful, for in removing the spleen we remove only a small area of the diseased tissue, for, as stated, the myeloid tissue like lymphosarcoma, having entered the general circulation, the disease has become generalized. Splenectomy is, however, successful in splenic anemia and it is here that it has gained its reputation. In truth any operation or injury is dangerous and requires unusual care owing to the difficulty of stopping hemorrhage and to the increased danger of infection.

The medical treatment in these cases, as stated in my prognosis, is practically nil and hence we have left only the consideration of the x-ray. Dr. Pusey, of Chicago, was the first to use the x-ray in these cases, though Dr. Senn got the credit for a time. The treatment of pseudoleukemia by it has been a success, at least symptomatically. Acute leukemia is not affected by the treatment but in the chronic forms of both types it is undoubtedly the best therapeutic measure we possess. Reports have been almost universally favorable. There have been some cures and in others improvement.

This treatment certainly exercises a remarkable influence on the white cells and a tremendous tissue destruction. Experiments on guinea pigs prove that x-rays destroy lymphocytes, myelocytes, mast cells, giant cells and last polyneuclear, in the order given. The regeneration is in the same reverse order. In man, likewise, the lymphoid tissue is more readily affected than the myeloid and the soft, rapidly growing tissue more readily than the fibroid. We should not over-stimulate, over-treat, and should use care, not only as to producing x-ray burns but also as to the rapid destruction of tissue, as it may overload the eliminating organs and cause an added toxemia. This fact I had beautifully exemplified a few years ago while treating a case of sarcoma of the superior maxillary, producing a profound state of intoxication.

The following are my conclusions on the subject, as deducted from the case and the literature at my command:

The nitrites of soda and potash act more slowly than amylnitrite but their effects are more durable, four to six hours.—Hill.

Atropine enhances the motor power of the heart but diminishes inhibitory control.—Hill. Antidotes aconitine.

1. The disease is relatively rare.

2. The diagnosis has been more frequently made since the better development of the study of the blood.

3. There are two distinct classes of this disease (perhaps distinct diseases)—lymphatic and myelogenous.

4. The cause is as yet unknown.

5. The blood picture is distinctive, with possibly a few exceptions.

6. It is remarkable, yet true, that a secondary infection may so completely change the blood picture that it may be difficult or even impossible for a time to make a diagnosis by it.

7. The enlarged spleen and glands need not be in evidence, and yet we may have a typical blood picture of the disease; however, the finding of the enlarged spleen or a hemorrhage are usually the first things to attract one's attention.

8. The prognosis is unfavorable, barring x-ray treatment.

9. Operation is not to be considered; arsenic and iron are our best palliative medical remedies.

10. No doubt the x-ray is the best therapeutic agent we possess.

11. The x-ray treatment should be begun early, before extensive tissue hyperplasia takes place, as the x-ray produces a like hyperplastic degeneration.

12. Therefore, treat early, giving short exposures, every other day; use a hard tube, thereby getting good penetration and reducing the danger of x-ray burns; the tube should be 20 inches or more away and so arranged that the rays take in the entire body. Do not over-stimulate; continue treatment a long time and check up results on the blood findings from time to time.

Cumberland, Iowa.

THE COMMON-SENSE TREATMENT OF TUBERCULOSIS.

BY THAD. W. WILLIAMS, M. D.

AS tuberculosis carries off seven or eight thousand people annually in Wisconsin alone, and proportionately large numbers in every other state, it is incumbent upon every physician to give the benefit of his experience in its treatment for the general good.

The bacillus tuberculosis, a microorganism infesting the larynx, lungs, joints, glands, skin, intestines and cellular tissue, is a parasite, a species of entozoa which gives rise to the affliction known as tuberculosis. Its common-sense treatment is based on the following cardinal points:

1. Germicidal.
2. Eliminative.
3. Nutritive.
4. Oxygenation.

The relative importance of these objective points is in the order named.

Tubercular infection is usually an accident of environment. The bacilli find lodgment in the larynx or lungs, and if the conditions are favorable, develop and multiply. Just what those conditions are, we do not know, but they exist in a wide diversity of cases, often absent in the weak and cachectic and present in the robust. A big, strong young man, brought up in the pine woods of this state, never sick a day in his life before, is dying of tuberculosis in Colorado Springs, as I write this, while his mother, a thin, weazened-faced little woman, a chronic sufferer from systemic

Small doses of quinine have a vasoconstrictor large doses a vasodilator, action.—Butler. Also poisons protoplasm.

The sulphocarbolate of zinc is an effective antiseptic astringent. HCl is of much value in fermentive diarrhœa.—Hill.

catarrh, survives at nearly seventy to nurse him.

There is a peculiar tubercular diathesis, inherited or acquired, that favors the development of this particular species of bacillus. Only a very small percentage of those exposed contract the disease; nevertheless there is always danger from this source. Many eminent specialists have lost their lives simply by repeated exposure to infection, in treating patients afflicted with it. This danger is now practically eliminated, since the germicidal and preventive properties of creosote are better known.

Change of climate and the mode of life will sometimes save the consumptive by inaugurating changes in the physical condition which render it comparatively immune to the disease. Among all the favored remedies for consumption, cod-liver oil, the hypophosphites, etc., there is not one that is specially antitubercular. Cod-liver oil sometimes effects changes in nutrition which prove beneficial, but its active principles are present in quantities too small to destroy the bacillus. In the majority of cases, the patients have died in spite of oil or change of climate.

Removal to higher latitudes and change of habits from an indoor inactive, to an active outdoor life, with its physical exertions and pure air, often bring about changes in the physical condition which render the organism uncongenial soil for the bacillus tuberculosis and recovery ensues. In such cases the healing quality is due more to the new condition than to any special virtue in the quality or temperature of the air itself.

The great majority of tuberculosis sufferers are not fixed so that they can pull up stakes on short notice and move their tents to another climate. What we need is treatment adapted to cases as we find them, that can be employed where they live. Since the essential thing is change of habits, rather than change of climate (as tuberculosis exists in all climates) it is easier to change the former than the latter.

Treatment.—Ever since Koch of Berlin discovered the bacillus tuberculosis, the parasitic origin of the disease has been generally admitted. Infection usually, if not always, takes place from inhaling the germs by one susceptible to their influence. They remain inert in dried sputum or other discharges from mouths, with their pathogenic properties unimpaired, ready to be revived by the warmth and moisture of the air passages, the temperature of the human body being that most favorable to their growth and development. Being strictly a parasite, residing within and living at the expense of its host, generating and multiplying until by virtue of numbers, and poisonous excretions, it destroys life, the first indication is to destroy the parasite, by the administration of germicides.

This was Koch's theory, and he suggested for the purpose an antitoxin lymph, obtained by cultures from the bacillus, which he believed possessed a selective germicidal action upon the habitat of the parasites. He was mistaken, but performed a great service to humanity, nevertheless, in disclosing the true nature of the disease, and the correct theory of its treatment.

The aim of antitubercular medication is to follow the parasites into their remote abiding places and destroy them, with a bacillicide that will accomplish their destruction without injury to the host. The germicide acts upon them simply as a poison. All germicides, in fact, are poisonous to both host and parasites; but fortunately a quantity of the poison sufficient to destroy a colony of microbes can be taken with impunity by a human being.

Acetanilid and antipyrin act locally on the muscular coat of small vessels as powerfully as ergot.—Hill.

Turpentine contracts arterioles and is an effective hemostatic. Opiates except codeine lessen secretions and peristalsis.—Hill.

Theoretically, we should treat tuberculosis upon the same principle as we would a tapeworm. Both are parasites, although one is a microörganism and the other thirty feet long. In either case the object is to destroy the intruder with as little damage as possible to his unwilling host, and expel his remains from the economy. Male-fern is poisonous alike to man and beast. But a man can take with impunity a quantity of male-fern that would be fatal to twenty tapeworms.

We attack the microscopic parasites upon the same principle, by administering some germicide until the circulation and secretions of the body are saturated with it, within the limits of safe dosage. I believe the bacillicide least hurtful to host and most deadly to tubercular bacilli, is *creosote*. I select it for these qualities, not only, but because it has a special tendency to the parts most affected by the bacillus, the mucous membranes of the lungs and bronchial tubes through which and the kidneys it is eliminated.

Here is a case in point: Mrs. Staley, widow, aet 50. General condition that of cachexia, in which nutrition is depraved; a bad habit of body, the result of a strumous or tubercular affection. Weakly, thin, cadaverous. Health impaired for a number of years. For two years was under osteopathic treatment. Several large, offensive, discharging tuberculous ulcers. Hacking cough, raising quantities of mucus. Appetite ravenous, usually, but digestion imperfect. Habitually constipated. Intestinal fermentation and autointoxication. Intestines apparently studded with small tubercles. Profuse night sweats, followed by rigors. Periodical temperature and hectic. Employment for two years mostly out of doors. When I saw her, about May 1, 1906, she was confined to her bed, unable to walk; speedy death appeared imminent. Unable to sleep on account of cough.

Treatment.—First a thorough eliminant enema, to be repeated daily. On account of the contracted state of the colon, only about a pint could be injected at first, bringing away lumpy, offensive, tarry stools. A glass of port, sherry or claret every few hours, altogether a quart a day. Diet restricted to boiled rice, with milk, sweetened to taste, or cereal food if preferred, and as much milk as she desired. A little toast buttered, coffee or tea, and the juice of oranges when desired. This diet was continued for ten days uninterruptedly. She took the antituberculous mixture, four times a day, half hour before meals, and at bedtime, in a glassful of hot water, 130°, 140° F. No other internal medicine.

Sores to be cleansed night and morning with peroxide hydrogen and painted with glycerol-iodine. Over this several folds of iodoform gauze saturated with 4 per cent sol. carbolic acid in glycerin, and a pad of borated cotton. Patient gradually improved for ten days, by which time, assuming that creosotal saturation was complete, I enlarged her dietary somewhat, including fish once a week, and fowl twice a week. She was now able to walk about the room.

The 15th of June she resumed her occupation of canvassing. The latter part of July both ulcers had healed; felt better than for several years; cough, night sweats and "chills" all stopped by the tenth day. The sputum and discharges from the ulcers contained numerous tubercle bacilli.

The woman is not *cured*, of course, but alive and greatly improved. If she perseveres in the treatment she will probably live out her allotted span, provided that she resumes the treatment upon any reappearance of the symptoms. We must not expect to cure these cases so that they will "stay

Salts of lead and iron are valueless in visceral bleeding since they are but little absorbed, in non-astringent form.—Hill.

Constipation is due chiefly to sluggish colon and most purges act on this portion of the intestine.—Hill.

cured." The disease is always liable to return if the patient is exposed to the original causes; but the treatment acts as a preventive as well as a cure.

In my opinion creosote is the best anti-tuberculous germicide known at present for the reason that it effectually saturates all the secretions, rendering them toxic to the bacillus. Terpin hydrate seems to be creosote's best synergist and ally The combination relieves the cough without opiates, the neuro-rheumatic pains without analgesics, and without disturbance of the digestive functions. It prevents intestinal fermentation and restores the nutritive processes—in fact, acts upon the whole mucous tract lining, the lungs, stomach, bowels, bladder, etc. The turbid, phosphatic urine, usually soon clears up under its use.

Elimination.—When we give our male-fern to kill the tapeworm we follow it with purgatives to expel it from the body, and tonics and restoratives to build up. Before giving the vermifuge, we restrict the patient's diet, and thus reduce the amount of pabulum accessable to the parasite, and increase the proportion of the toxin in the food. In tuberculosis we aim to do the same thing. By restricting the diet, the blood becomes more highly charged, proportionately, with the germicide. After killing whole colonies of these animals, we must get rid of their remains. Both the red and white blood corpuscles are increased in number and appropriate as food the bacilli tuberculosis, as they do other less vindictive bacteria. Still, these processes leave some residuum or "physiological ash," which we must eliminate.

Enemas are preferable to purgatives for this purpose for many reasons: They may be used indefinitely without forming a habit. Dr. Hall claims to have used them daily for over forty years with benign results. After continouus use for some time, they dilate the rectal sphincter and thus permanently cure constipation. Their action is immediate and positive. They cleanse, empty and disinfect the colon, making room for the contents of the small intestines to pass down and out; and finally they prevent fermentation and autointoxication, and promote digestion and assimilation. The best time to use them is on first arising, or after breakfast; the proper temperature, 105° F.

Nutrition.—The tubercular diathesis is mainly due to defective nutrition; this is indicated by loss of weight. Many sufferers consume large quantities of food, in spite of which they waste away to living skeletons. In the plan for restoring nutrition, elimination takes a most important part. The first dejecta brought away by colonic flushing show that a large proportion of the food swallowed has not been acted on by the digestive juices. If constipation is present, this unchanged food decays, giving rise to fermentation and autointoxication.

When the diet is restricted to just what the digestive apparatus can take care of, this undigested matter disappears from the stools, and evidences of improving nutrition appear. The patient is surprised to find himself gaining weight and strength; his cheeks, thighs, chest, etc., begin to fill out and breathing is freer. Indigestion is a symptom of overfeeding, and calls for a reduction in the amount of food. The quality of the food is of less importance than the quantity, so long as it is nutritious. He may eat all he wants, provided it digests—but no more than he can digest. The substance of meats in soups and extracts are preferable to the meats themselves. In most cases permit all the milk he can digest, in conjunction with boiled rice and other cereals, bread, butter, eggs, vegetables in moderation, potatoes and other starchy foods in restricted

Bile salts augment secretion of bile, bile acids irritate the mucosa of the large bowel and cause purgation.—Hill.

Colchicum, guaiac, stillingia and xanthoxylum owe value to selective elimination by intestinal mucosa.—Hill.

quantities, tea, coffee, chocolate; very sparingly of pastry. After recovery, he can eat anything he wants. As a rule, patients will do better to cut out meat altogether—but there is no objection to its substance in more assimilable forms.

The object of restricted diet is increased nutrition to build up and change the physical condition. Medicines are useless for this purpose except in so far as they aid digestion and assimilation and correct faulty metabolism. Therefore, whatever diet is found most conducive to this end and in the particular case in hand, is the one to adopt. There is no iron-clad rule about it; any tonic restorative medication that lends itself to the purpose, is all right. The medicine, after all, does not do the work. It is the food. Medicines only aid it indirectly.

Oxidation.—Along with all the rest, the patient cannot get too much fresh air, the natural source of oxygen. He cannot get well on air alone; something besides climate and air is required, but he should have plenty of the latter, and when he gets it, should breathe it. Most consumptives are poor breathers, sniffing a little air into the tops of their lungs, and as a result the blood is imperfectly oxygenated. It is not necessary to climb mountains, sleep out doors in tents or on cold windy porches. Simply open the windows of the sleeping room, covering them with wire screens, and placing the bed where it will not be in a direct draft. The sleeping room should connect with a warm room in which to dress and undress, as the vitality is low and easily chilled. There is no special virtue in cold air to cure consumption. Night air, usually humid and vaporous, is positively injurious to weak lungs. Of course cold has a tendency to check the development of the parasite; but the patient cannot endure sufficient cold to destroy it.

All the processes of life are better for the oxygenation of the blood. Patients should be taught how to breathe—to take long, deep breaths frequently during the working hours, and to use the nose for this purpose. That is what it is there for. Breathing through the mouth is artificial respiration, and gives rise to throat and bronchial affections. Various complications are encountered in treating phthisis pulmonalis. These must be treated symptomatically, upon general principles. The patient should in all seasons be warmly clad, keep his body clean inside and out with internal and external washings. He should avoid unnecessary exposure to wet and cold, over-exertion, and excesses, dietetic, physical, sexual and mental.

Therapy.—As previously intimated, wood creosote is the dominant agent in the treatment of tuberculosis, but to obtain results, it must be used systematically. As its action depends largely upon its guaiacol content, it may be used in combination or alternated with the latter for a change. There is no set formula for all cases; vary the proportions of the different ingredients to suit the individual pecularities of the case. Sometimes better results will be obtained by reducing the creosote and increasing proportionately the guaiacol, and vice versa. Then again pure beechwood creosote seems to give better results than either the carbonate, or phosphite. Only pure wood creosote should be used internally. It is comparatively harmless, while coal-tar creosote is decidedly poisonous. I prefer, for most cases, the following formula: Beechwood creosote (Merck), dr. 1; guaiacol (Merck), dr. 1½; terpin hydrate (Merck), dr. 1½; calcium glycerophosphate, dr. 1; sodium glycerophosphate, dr. 1½; oil cinnamon, mins. 5; redist. glycerin (Henry), ad. ozs. 4.

This preparation is rather difficult to compound extemporaneously and is better

The purgative effect of aloin is increased by a little iron and alkaline salts. It acts on the large bowel.—Cushny.

Cathartic acid of senna and cascara acts especially by stimulating the colon. Caffeine is slightly laxative, increasing secretion.—Hill.

made in larger quantities than the above. The terpin hydrate is dissolved in some alcohol, and the glycerophosphates in water, and then combined with the glycerin and guaiacol with the aid of moderate heat; lastly the creosote (which is dissipated by too much heat), is added while the mixture is still warm but not hot, and the whole filtered under pressure. When properly prepared there is no precipitation.

The usual dose is a teaspoonful in a glass of water as hot as can be sipped, half-hour to an hour before meals and at bedtime.

Phosphite of creosote, 90 per cent pure creosote, and phosphite guaiacol containing 92 per cent guaiacol, may be tried tentatively for a change, when patient gets tired of the other, and usually give equally good results, but I prefer the original formula.

Creosote is powerfully antiseptic, with a special tendency to the lungs and bronchial mucous membranes through which it is eliminated, as well as by the kidneys. It is directly destructive of the bacillus tuberculosis, to which it is intensely toxic. It "loosens the cough," by its stimulant action on the bronchial membrane, and allays cough better than heroin or opiates. In the above dose four times a day for eight or ten days it saturates the whole system, thoroughly disinfects the lungs and bronchi, destroys the germs found there and allays irritation of the gastric mucous membrane. It speedily diminishes the cough of phthisis, checks profuse expectoration, allays fever and arrests the night sweats, rigors and diarrhea. It seldom disagrees with the stomach—on the contrary it exerts a soothing effect upon the gastrointestinal mucous membrane, increases the appetite, aids digestion, controls vomiting, promotes absorption of the products of digestion, and increases nutrition; and patients gain flesh and weight. In some way not quite clear, it aids metabolism.

Terpin hydrate, the active principle of rectified oil of turpentine, is the natural synergist of creosote. It is an indispensable adjuvant of creosote in excessive mucous secretion, catarrhal discharges from the mucous membranes wherever situated, and in relaxed, atonic conditions of the mucous membrane, with passive hemorrhage, due to a dilated, atonic state of the blood vessels of the part. It is specially indicated in inflammation of the gastric and intestinal mucous membranes, and suppression of the secretions of the gastric and intestinal glands, and promotes metabolism. It is antiseptic, antiputrefactive and antifermentative. It acts as a tonic and stimulant to the glandular structures of the gastrointestinal tract, and is one of our best expectorants for those bronchial and catarrhal troubles which commonly accompany phthisis, characterized by excessive discharge of mucus and irritative coughs. It controls the cough, thus favoring rest at night. It acts as an astringent in excessive bronchial secretion, soothes irritation throughout the chest and relieves diffuse soreness, and muscular pains.

Guaiacol, is a distillate from creosote, of which it constitutes from 60 to 85 per cent, and the action of the former is due largely, if not wholly, to its guaiacol content. It has proved particularly useful in affections of the skin and joints. Being antipyretic, it adds to the value of the preparation in cases attended with fever, night sweats, and rigors.

The glycerophosphates are directly assimilable cell and nerve tonics and reconstructives, increasing metabolism and nutrition. In most cases of phthisis there is deficient nerve nutrition.

The glycerin vehicle is itself an antiseptic, laxative and nutritive. Only the purified should be used internally. Absolute purity of all drugs is of the utmost importance.

Milwaukee, Wisconsin.

Morphine is almost entirely excreted by the intestines, only traces by the kidneys, which makes it safe in uremia.—Hill.

Bootlegging for the sale of cocaine to habitues has arisen in some of the larger cities and is giving some trouble.

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TREATMENT OF COMPOUND FRACTURES.*

BY C. P. THOMAS, M. D.
Surgeon to St. Luke's Hospital of Spokane, Wash.

A COMPOUND Fracture is one in which the bone at the place of fracture communicates with the outer surface of the skin through a laceration of the soft parts which may have occurred from within or from without; and may be single or multiple. A compound fracture may occur to any bone, is always of great importance, and may be very serious.

First Aid.—The character of the first aid in such fractures must depend upon the place in which they are first seen. If it is on the street or in a factory or the country, little should be attempted at first. If there is hemorrhage, it may be controlled by pressure with an aseptic pad made of gauze (or a clean towel) and a bandage; or if more extensive, a tourniquet (which may with safety be left on for 2½ hours) should be applied until the patient can be moved to a clean surgery or some other place where the necessary things for "cleaning up" are to be had.

The clothing worn by the patient is most certainly septic and should be removed at once from contact with the wound. It is better to make no attempt to wash the parts until the patient has been taken to his home or hospital, since dirty washing, with unclean hands, septic water and surroundings, makes infection most certain. The limb may then be put up with temporary board splints, placed on a pillow, or better still in a Gunn's blanket splint, and patient removed.

It is well to remember in this connection Crile's experiments which showed that a tourniquet, put on tightly enough to control arterial hemorrhage, cannot with safety to the limb be left on more than two and one-half hours. All probing and manipulating of the wound during this first dressing must be avoided, and the most comfortable position for the limb is usually that which most nearly approaches its correct one.

Rough handling of the limb and patient must be avoided and the recumbent position maintained as much as possible. Amputation of the limb is advisable only when the arterial blood supply has been lost. Close observing of this rule will often save a surgeon much embarassment and spoil the oft-told story of how the "surgeon wanted to amputate but the patient refused, and now has a good limb."

When the patient's condition will permit, venous, nerve and muscle suture should be at least tried. When the fracture is of a large bone, one should always administer an anesthetic; then, after removing all clothing and temporary dressings, gently replace the protruding bone by manipulation of the limb away from the seat of fracture, being

*Read before the Idaho State Medical Society, Lewiston, Idaho, Oct. 4, 1906.

careful to avoid touching or handling the wound.

Cleaning the Wound.—After thorough surgical hand-washing of himself and assistants, and the temporary dressings have been removed by an assistant, the surgeon should place a piece of sterile gauze over the wound to exclude the moisture, and have it held there snugly; then proceed to clean the parts near the wound with soap and water, followed (after drying) by turpentine and bichloride solution or Harrington's solution, as for any major surgical procedure. Turpentine is especially valuable when the wound has grease ground into it. The gauze is next removed and Harrington's solution applied, then iodine or carbolic acid followed by alcohol, to the open wound. These antiseptics not only destroy microörganisms but tend to close up the open lymphatics, thus preventing further absorption.

Adjustment of Fragments.—After this, one is ready to begin the adjustment of the fragments, making sure that there are no foreign bodies in the wound, nor intervening soft parts between the fragments. When small pieces of bone are present, which are detached from the soft parts, they should be removed. If such removal separates the main fragments to any considerable extent, the splintered ends must be sawed off to permit coaptation of at least two-thirds of the diameter of the ends of the bones.

The method of holding the bones in apposition will depend upon what bone is fractured, and what the tendency is to displacement. When the bone is small, I prefer chromic catgut, or the aluminum bronze wire; if larger, the silver plate with screws.

Drainage.—The soft parts may now be trimmed and sutured, drainage being provided for by inserting a split rubber-tube, a small wick or roll of oiled silk into the deepest recesses of the wound.

If the parts have been badly lacerated and the patient is much shocked, it is better to spend but little time in nerve and tendon suture, leaving that for future plastic work when the wound is healed.

Tetanus from soil infection is rare in this part of the country, but thorough drainage is always indicated, and when done right it is unusual to have much infection, since the germs are not allowed to multiply in the lymph and blood-serum in numbers sufficient to be very toxic.

The drainage should be removed as soon as the discharge has nearly ceased, and previous to this period the dressings should be changed often enough to keep the parts dry. If infection is severe dressings should be moist and changed every three hours.

Immobilization.—Immobilization, which is of utmost importance in the treatment of all fractures, is not so easy in compound as in simple ones, more ingenuity being required to maintain it with a splint that can be removed for daily wound-treatment and inspection. It is difficult to describe or name a splint that will suit all cases, each, as it were, being a law unto itself.

There are numerous good splints on the market, made of tin, felt, wood, fiber, etc., but I think for "all around" use the long, lateral, posterior and anterior plaster of Paris dressing is the best. The old advice—first given, I think, by Bryant of London,—to immobilize the two adjacent joints in all fractures is still good. At least one good splint should be applied to the limb opposite the skin-wound, which should be well bound to the limb above and below the wound, with separate bandages. These should not be removed when dressing the wound, thus preventing bone-displacement. This splint may be of plaster or any good fitting material. Extension is always indicated in thigh-fractures to prevent shortening.

Astringent injections into the uterus for post-partum bleeding may succeed or give rise to sepsis. —Bishop, *Practitioner.*

The acme of surgic audacity seems to be reached in the removal of the uterus to stop post-partum hemorrhage.

Fracture Into Joint.—When a large joint is involved in a compound fracture and the synovia are injured, it is better to remove all the synovia and treat as described elsewhere, expecting ankylosis in such cases. The limb should be placed in the position which will be of greatest value to the patient.

Some such joints may later be improved by subsequent transplantation of the sheath or aponeurosis of some nearby muscle, after the method advised and practised by America's great surgeon, Dr. J. B. Murphy. Where inflammatory ankylosis of adjacent joints occurs they should be broken up as soon as the bony union is good. This sometimes requires an anesthetic. Ankylosis from immobilization without marked inflammation need give us no concern.

Opening Simple Fractures.—While I would reiterate what I said in the beginning, that compound fractures are most dangerous, I am of the opinion and wish to so go on record, that under strict surgical cleanliness many simple fracture should be converted by the surgeon into compound ones, and so treated, because of the impossibility of coapting fragments in certain fractures without seeing them, and using some device for the purpose, other than external splints.

Among these I would mention, first, that of the patella; here, suture with kangaroo-tendon or heavy chromic gut is satisfactory if done early, and aluminum bronze if later. Second, fractures of the lower part of the lower third of the femur; this, as is well known, is a fracture which is impossible of perfect reduction because of the gastrocnemius muscle flexing the lower fragment, thus drawing it away from the upper, can be successfully treated by plating on its extreme lateral surface. Third, fracture of the outer third of the clavicle; here wire is easily applied preventing the common deformity so often seen.

Spokane, Washington.

SOME PRACTICAL POINTS IN THE DIAGNOSIS OF RECTAL DISEASES.

BY R. D. MASON, M. D.
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TAKING up the symptoms most complained of by patients who suffer from rectal diseases we find them in about the following order of importance:

1. *Protrusion.*—This occurs most often at stool but may under some conditions take place at any time. The condition most likely to cause it is hemorrhoids. These, after they reach a stage sufficiently large to cause the patient much inconvenience, will invariably protrude at the time of a bowel-movement. After they become large and the sphincter becomes weakened by their constant passage through it, they will pass through upon the slightest exertion.

Another condition that may cause a protrusion is a polypoid growth. This when first discovered may easily be mistaken for a hemorrhoid as only the lower end can be seen. Later the pedicle will become elongated so that it may be distinguished as a long cord-like growth, while a hemorrhoid is always attached by a base larger than the tumor itself. Also in the early history of the case a polypoid growth is nearly always single, while in hemorrhoids there is more than one.

A protrusion may also be caused by prolapse of the bowel. This is distinguished from the others by the fact that it appears

Venous puerperal bleeding can always be easily stopped by raising the extremities and lowering the head far enough.—Bishop.

Arterial uterine bleeding can only come from the uterine and the ovarian arteries, or their branches.—Bishop, *Practitioner.*

as a ring-like circle that completely surrounds the anal opening. There is never any well-defined tumor although the mucous membrane may protrude further on one side than the other.

One of the most common errors made by the doctor in general practice in the treatment of rectal diseases is this form of protrusion. He sees the ring of mucous membrane and, not taking pains to investigate carefully, diagnoses the case as one of prolapse, when in fact the latter is only the result of a mass of hemorrhoidal tumors higher in the bowel which do not themselves protrude but push the mucous membrane out just enough to allow the error in diagnosis to be made. I have had many cases sent me for the treatment of prolapse that needed no treatment for this disease as the cure of the hemorrhoids was all that was necessary to cure the prolapse.

2. *Pain.*—This will often suggest pretty accurately the nature of the disease. If of recent date, it is probably of an inflammatory nature as an abscess or fissure. Internal hemorrhoids are not usually painful unless they become strangulated. External hemorrhoids, especially the thrombotic form, are exceedingly painful. The pain comes on suddenly and is constant with no period of remission. The patient will say that there is a tumor that apparently ought to go up into the bowel but will not do so. Any position that he may assume gives no relief; neither does any application that he may make. If the pain is of a throbbing character it may indicate the formation of pus or the strangulation of internal hemorrhoids. If of a pricking or stabbing character it may be due to a foreign body.

In case it follows a bowel movement and lasts for two or three hours and then stops to come again with the next movement, it is almost surely due to an irritable ulcer. Another point is to find the exact location of the pain, as this will often determine the cause of it. It may be around the margin of the anus, in the rectum, or it may be reflected from some distant point, as the urethra, bladder, or ovaries. It is not at all uncommon for patients to apply for treatment complaining of severe pain in or about the rectum, when examination shows the latter to be perfectly healthy. On the other hand, pain may be in some other part while the lesion is in the rectum. Several years ago a man came to me complaining of a slight discharge of mucus or pus from the bowel. He was also suffering from a very severe lumbago, being unable to attend to his business because of it. I found an abscess high in the bowel between the rectum and the sacrum. The cure of this also cured the pain in his back. He had been under treatment by a competent physician for the lumbago with no relief except from the use of morphine. This was a typical instance of a reflected pain.

3. *Hemorrhage.*—When blood is passed from the bowel it is nearly always due to some form of internal hemorrhoids, generally of the capillary variety. Well-formed venous tumors, when constricted by the internal sphincter muscle, often bleed profusely, due to the blood being forced out through a small opening in the tumor-wall. In either case the blood is lost at stool. If the amount is small and is noticed immediately following a bowel-movement and is accompanied by pain of a lacerating, aching character, it probably comes from a fissure. If it comes on independently of a bowel-movement it may be due to a carcinoma or ulcer. It if comes on suddenly and has not been noticed before, it may be due to a foreign body.

4. *Discharge of Mucus, Pus, etc.*—Mucus may be due to internal piles, catarrhal proctitis or anything that produces an irritation. Pus is from an internal incomplete

The uterine branches of the internal iliac arteries can be closed by compressing the latter.—Bishop.

Post-partum hemorrhage:—Compress abdominal aorta against spine with one hand, with other aid uterine contractions.—Bishop.

fistula or abscess, and pus mixed with blood is due to ulcer, cancer, tumor or stricture.

5. *Diarrhea.*—A diarrhea due to rectal disease is generally caused by an acute proctitis and is accompaied by great pain, tenesmus, and symptoms of heat—both local and general. If the diarrhea alternates with constipation it may be due to stricture. If there is constipation so that the fecal matter becomes hard and dry it may so irritate the bowel wall that an explosive diarrhea is the result. After this subsides, the conditions which produced it gradually return and it occurs again.

6. *Constitutional Symptoms.*—Many rectal diseases have a striking effect upon the general health, and the constitutional symptoms are as striking as the local ones. Among these are the cancerous cachexia, nervousness, anemia and loss of weight. Any one or all of these may be present.

7. *Cachexia.*—This will at once suggest cancer, and, if combined with loss of weight extending over a period of several months, is quite a sure indication of this disease. It is very easy, however, to mistake the anemia caused by loss of blood for the cachexia due to cancer. When the loss of blood has been considerable, especially in old people, there is often an ashy-gray appearance of the face that may easily deceive one who is not very careful in his diagnosis.

8. *Nervousness.*—Rectal diseases in general are subject to many reflex nervous symptoms. It is not uncommon to see patients who are nervous wrecks because of rectal diseases that might easily be cured. For example, a fissure may, because of the pain caused by a bowel movement, be the means of bringing about a constipated condition of the bowels. In order to overcome this severe straining is required which again tears open the fissure. The patient again dreads a movement of the bowels and puts it off as long as possible only to again aggravate the fissure when it can be postponed no longer. In this way a vicious circle is established that causes the patient to become very nervous. Pruritus may, because of the loss of sleep that accompanies it, cause very great nervous debility.

9. *Condition of the Bowels.*—This should be inquired into very carefully. Find out whether they are constipated or not; if so, to what extent does the patient require cathartic medicine? Whether or not he is in the habit of taking enemas, and whether anything else is passed, as blood, mucus, pus, etc., is an important point to ascertain.

Omaha, Nebraska.

THE NEW ANESTHESIA—REMARKABLE RESULTS.

BY C. E. CASE, M. D.

I HAVE used the hyoscine, morphine and cactin in four cases and will use it in two cases tomorrow: in one of hemorrhoids, and a recto-vaginal fistula case. One patient was operated on one hour and a half for intestinal fistula following operation. There were universal adhesions, and in their separation many peritoneal tears occurred which it was necessary to repair by Lembert sutures. This operation was done at the St. Joseph's Hospital, and the sisters, nurses and my assistants, Dr. Wm. Douglass, as well as Dr. Bond the interne, all expressed surprise at the complete analgesia produced. Dr. Bond remarked, upon seeing the ease with which anesthesia was produced, "I see Dr. Case, that you will not need me often to give your anesthetics for you now."

Bishop vigorously condemns all methods of treating post partum hemorrhage excepting aortic compression and posture.—*Practitioner.*

Holmes' doctors, so lauded as the ideal by Treves, never could pass one of our medical examining boards within a mile.

In a case operated upon with the assistance of Dr. Karshner of Puyallup, in the Fanny Paddock hospital in this city, we operated on a necrosed fibula as well as a radical (cure) operation for varicocele, with perfect analgesia. As the patient was carried out on the carriage from the operating room every one present, including a few physicians who had just arrived at the hospital, expressed great astonishment at his remarkably favorable condition. None of these patients have complained of any pain within twelve hours after operation and none have vomited or complained of the least nausea.

Dr. Spiro Sargentich of the Old Town Emergency Hospital, where the method was used for the first time in our city, and by Dr. Sargentich, joins me in expressions of the profoundest regard and thankfulness to both yourself and Dr. Lanphear in giving to the profession and to humanity so potent a remedy for good. In our estimation nothing can be conceived of that could be a greater boon to humanity. Dr. Royal A. Gove is using the remedy now as I write, in a confinement case which he is attending. I shall be pleased to report his opinion of the drug, which I feel certain will be very favorable from what I have seen of its action in the four cases I have used it upon.

Tacoma, Washington.

—:o:—

Later, October 18th, Dr. Case writes: "I have now used your remedy seven times. Three times since above report. It's the 'proper caper.'"

This is one of the many reports we are receiving concerning this new method of anesthesia. Almost without exception the reported results are favorable; no fatalities in some hundreds of cases thus far operated upon. We believe that hyoscine, morphine, and cactin anesthesia will prove epoch-making. We urge our readers to try it and report results through these pages.—Ed.

THE USE OF HYOSCINE HYDROBROMIDE AND MORPHINE AS A GENERAL ANESTHETIC IN COUNTRY SURGERY AND LABOR.

BY TINSLEY BROWN, M. D.

DURING the last two years no doubt most doctors have been reading in the medical journals something in reference to the use of scopolamine and morphine as a general anesthetic to be used in most surgical operations, instead of chloroform or ether; but little has been said or written about hyoscine, which is of the same nature as the scopolamine, being derived from the group of mydriatics.

The hand-book of Alkaloidal Therapeutics has this to say of hyoscine hydrobromide: "Hyoscine was discovered by Landenberg in 1880; it exists in connection with atropine in various proportions in every one of the mydriatic group of plants, but in none does it predominate unless in exceptional specimens; for the rescue of this admirable remedy alkalometry is to be credited."

The same article says in part as to the therapeutic action or physiological action: "Hyoscine resembles atropine in its effect in the nerve terminals. The accounts of its action differ according to the article used; the pulse is slightly quickened and the pupils dilate, some say more quickly than by atropine.

Humanity changes not. Read the *Practitioner's* life of Cagliostro and compare with Eddy, Dowie, and the rest.

Any attempt to crush opposition by denying the opportunity of free and open expression of views is sure to arouse resentment.

Instead of stimulating the cerebrum, hyoscine causes a sense of fatigue and drowsiness in small doses, the patient moving and speaking less. . . . Hyoscine does not act well in all cases, but where it does, as a hypnotic it leaves nothing to be desired; but in others, doses sufficient to affect the cerebrum are followed by annoying dryness of the throat and redness of the face and neck, in fact, by atropine symptoms."

Further on the same article says: "Hyoscine and morphine have been used as a general anesthetic for cases which cannot use the volatile anesthetics." Hyoscine, hydrobromide and morphine have been used for some time by Lanphear of St. Louis, in most of his surgical operations, both minor and major. McCandless, of the same city, has of late used the combination in operations with good success.

I attended the Tri-State Medical Society at Galesburg, Ill., on June 26, 1906, and heard the matter thoroughly discussed by Drs. Lanphear, Waugh, Abbott and Epstein. Then Dr. Van Housen, of Chicago, reported that she has used the scopolamine and morphine for some time in all her operations with no bad effect and very seldom has to administer any other anesthetic.

Tumor of Neck.—I secured some of the hyoscine hydrobromide early in July, as I was determined to give it a trial. In company with Drs. Lindley and Dwight I put it in practice on Ed. R., age about 30 years, who had a large growth the size of a goose-egg on right side of his neck, under and in front of the sternocleidomastoid muscle; I gave him hyoscine hydrobromide 1-100 of a grain, morphine sulphate ¼ grain at 9:30 a. m., July 4th, and at 10:30 I repeated the dose and placed him on the operating table and told him to go to sleep; in less than 30 minutes he was asleep; so we commenced the operation at 11:00 o'clock; Dr. Lindley did the operating and removed the tumor which was deeply seated; completing the operation in about one hour, with no other anesthetic; the patient made some slight fuss when the tumor, a melanotic sarcoma, was pulled upon; no shock, and recovery from operation was prompt.

Vomiting at Confinement.—Case 2. Mrs. R., 41 years, in first labor; as soon as pain started she commenced to vomit and soon it was incessant; gave 1-100 gr. hyoscine hydrobromide and ¼ gr. morphine about 7:00 p. m.; vomiting soon ceased and pains were regular, the patient sleeping between pains; no bag of water formed so the head had to do the dilating; labor was completed early, about 3:00 a. m.; some laceration of perineum; the child, well formed, weighing 8 lbs., was still-born; I could not be sure of the cause for the death of child but think it was a premature detachment of placenta, which came away immediately.

Painless Labor.—Case 3. Mrs. D., age 19; first confinement; pains violent; at 12 restless and hard to keep in bed; at two o'clock gave hyoscine hydrobromide 1-100 gr., morphine ¼ gr. and repeated in two hours; patient slept between pains with but little outcry; labor terminated at 6:00 p. m., large child, 8 lbs.; case did well.

Control of Renal Colic.—Case 4. Mr. I. H., subject to hay fever with asthma at this time of year, so he had to have morphine and atropine in small doses; was suddenly attacked with renal colic of right side; I administered three doses in an hour, in all hyoscine hydrobromide 1-50 gr., morphine ¾ gr.; pain was relieved and he slept from 11:00 p. m. till next morning; some hallucination for a short time; pain did not return.

Relief in Herpes Zoster.—Case 5. Mrs. S. age 75, was affected by severe pain in right iliac region, vomiting every few minutes; diagnosis uncertain; as the pain and vomiting

Men who cannot manage their own affairs volunteer to look after those of the nation.—*Philistine.* But how about Daniel Webster?

The man who knows how to use drugs and uses them will get better results than he who knows little of them and decries their use.—Chi. *Clinic.*

were exhausting her I gave 1-100 gr. hyoscine hydrobromide and ¼ gr. morphine; complete relief of all bad symptoms and she slept the rest of the day, the dose being given early in the morning; the case afterward developed into a case of herpes zoster.

Confinement.—Mrs. M. L., age 28, fourth confinement; the first two were very tedious, with forceps delivery; third easy as the child was very small; the last labor came on the 17th of Sept.; labor was slow and demand was made for an anesthetic; I gave hyoscine hydrobromide 1-100 gr. and morphine ¼ gr.; soon she was quieted and slept and made but little outcry; one hour after giving the dose I applied forceps and easily delivered her of an 11 lb. male child; recovery was prompt with but little after-pain.

In all the foregoing cases I used the medicine hypodermically. It did not, apparently, interfere with uterine contractions, and there was no post-partum hemorrhage.

Insanity.—Mrs. G. age 60 became insane; delusion in form of a voice calling on her to do certain things, as to consult the "Wegie" board; could not sleep nor eat; at 7:45 gave a tablet of hyoscine hydrobromide, morphine and cactin; repeated it at 8:45; she soon went into a sound sleep and slept until the next morning when she awoke and ate breakfast; delusion is gone for the present.

Hamilton, Mo.

SURGERY IN ACUTE ABDOMINAL LESIONS.*

BY AUGUSTE RHU, M. D.
Member of the American Medical Association and Ohio State Medical Society, Ex-President Marion County Medical Society, Surgeon Big Four Railroad Company, Pennsylvania Railroad Company, etc.

RAILWAY surgeons are at times called upon to treat cases of accidental injuries to the abdominal walls and perplexed when called upon to distinguish between the apparently trivial lesions and the really grave ones.

The causes likely to produce such trauma are many. From an apparently insignificant bruise there may come the gravest fatal collapse, symptoms most frequently met resulting from blows, crushing effects, etc. The trauma produced may be confined to a small area or be widely distributed over the whole abdominal cavity. Some fifteen years ago I saw a case in consultation in our city, where a young and robust man was struck over the epigastric region. He fainted away; the nearest doctors were called, whose diagnosis was such as to lead them to announce to the family its trivial character; but the fatal collapse would not improve, and progressively he grew worse. I was called in and found the patient in the tragic state and he died promptly a few hours later. A post-mortem examination revealed rupture of the transverse colon, liver, and gall-bladder.

Another case, one I reported to the *International Journal of Surgery*, fifteen years ago, was that of a healthy man, engaged at work in a sewer; the walls caved in and severely crushed him, in the pelvic region. A doctor was called in, had the accident announced in the evening papers as a minor bruise, and that he (that is the patient) would no doubt be at work again in a few days, also the fact that he was treated by the doctor. As a matter of fact the trauma to the pelvic region was one of great gravity and might have yielded to prompt surgical intervention, but this doctor treated the patient for two days; his prescriptions were not

*Read before The Association of "Big Four" Railway Surgeons.

In giving drugs the therapeutic effect often lies just inside the toxic limit. Benefit may not occur till toxic symptoms appear.—Chi. *Clinic.*

It has been found that among other uses the x-ray will restore color to gray hair. Now if it will collect bills!

effectual; the patient was also unable to pass urine—apis 30x and the catheter would not prove of any avail. Hence I was called in, and found the case to be a facile one indeed; namely one of ruptured bladder, and fracture of the pelvis; the patient died the following day, a post-mortem examination confirming my diagnosis.

A surgeon of experience would not have overlooked these cases, especially the one mentioned last. Moynihan aptly puts it in the following manner: "The bowel may be crushed between the offending object and the spinal column or pelvic wall; it may burst when full of its normal contents; it may be torn from one of its fixed points; it may be damaged though not completely ruptured from the blow, and sloughing and gangrene at the injured area may lead to secondary perforation; or the mesentery with its vessels may be so injured that gangrene of the gut supplied from these vessels may in time result. The injury may be limited to the mucous coat or the peritoneal coat, or it may, and most frequently does, involve the whole thickness of the wall. When the force is diffused a rupture occurs, as a rule, at one of the fixed points of the bowel, at the duodenojejunal flexure or at the ileocecal junction, or the mesentery is torn."

Surgery, brilliantly successful as it is within the past quarter century, is yet attended by certain unavoidable risks, since deaths do occur with apparently the best of preparation and with the most careful surgical technic and apparently cases of the simplest and safest kind, yet, with our present knowledge the ablest medical men and surgeons could not foresee their unavoidable failures, occurring as they do, not as the result of ignorance, nor of neglect, but simply as rare complications, and unavoidable.

In surgery, alas, we still have to plead and reason with the unreasonable and seven-lived procrastinator, who must at all odds be responsible for the great mortality, owing to delay in advising surgical operative intervention in most cases of acute abdominal lesions. And this holds good as well in the acute trauma as met with in railway surgery, especially so in cranial and the rachidian region where much depends upon the judgment and common sense of the practician, and early recognition of the emergency.—Richardson.

Upon the surgeon's quick response to meet the emergency devolves the task to act, and I am proud to say the surgeon is found ready, but should not be so frequently criticised, *for the failure*, after all, rests upon the procrastinator, who is the guilty one, and who should be held up to the common gaze for analysis. He is found in every community.

I desire to call attention to a few abdominal lesions as ordinarily met with: (a) those in which hemorrhage is the chief factor; (b) those in which peritonitis is the chief factor; (c) those in which intestinal obstruction is the chief factor.

Strangely enough all these come under the head of curable diseases, though some may often be more speedily fatal than others, and much depends upon the promptness of recognition and intervention. Death is the rule in many cases, owing to delay. The most important lesions are those which quickly produce extensive gangrene, i. e. intussusception, mesenteric embolism, pancreatitis, and perforating ulcers, etc.

Hemorrhage it is true may cause death more quickly. Many extravasations are slow and easily located, as in appendicitis and salpingitis.

In the acute traumas, operation must be immediate to be successful; even in the slow extravasations operation must not be long delayed. Delay means death in the one and

It is a grand thing to be ahead of your age, but you must pay the penalty infant truth always pays to giant falsehood.—V. Robinson.

That whisky is not a good remedy for snake bites deals a telling blow at the *similia similibus curantur* principle.

possible death in the other. If all acute lesions were operated on at the very outset, the mortality in the most unfavorable case would be slight. There are exceptions, and by way of illustration would cite following: I was called in recently by Dr. McNeal, of Prospect, to see a little child aged seven, with acute vomiting, high pulse-rate, temperature of 101-3° F., general abdominal tenderness, tympany, severe obstipation of the bowels for ten days. The mild chloride of mercury and other rational means coupled with the salines were equally ineffective to move the bowels; facies so characteristic of abdominal lesions, while the usual excess of nervous complications, etc., was well marked. We found here a clinical picture approaching the tragic stage, the parents anxious for surgical intervention. The only reason we advised a non-surgical procedure was the fact that on auscultation over the abdomen we heard the peristaltic crepitus. A rational therapeusis was advised, keeping in mind intestinal antisepsis. This saved the patient to us. In a few days flatus was passed, the salutary action of magnesium sulphate was evident, hence continued. Here allow me to call your attention to epsom salt, concerning its affinity for toxins whose bases are carbons, hence unite chemically with the sulphates, and are promptly eliminated. Thus it is well to remember the physiological action, especially in acute intestinal lesions. This case was promptly saved by a rational therapeusis; at the stage first seen by the writer the result would have been death had the abdomen been opened.

Another such case of intestinal obstruction, with a history of no bowel movement for twenty-two days, is another living amplification of rational therapy; here also the writer demonstrated the intestinal peristaltic wave, and based his non-surgical intervention upon that one symptom, with ultimate recovery. Another recent case, in council with Dr. J. F. Baldwin: We again demonstrated the effectual reliability of peristaltic crepitus which should be thought of and looked for in abdominal lesions; if found absent, one should not delay to call the surgeon for reasons already mentioned.

On the other hand I was called to examine a case in council with Dr. J. A. McMurray, when the following were the symptoms: History—Had been ailing with abdominal distress, and enlargement of left side of abdomen, a history of dyspareunia, uterine and vaginal discharge, irregular menstruation and pelvic pain, etc., with a high temperature, frequent pulse rate, sweating, rigors, and general abdominal tenderness and distention. One night under sudden pain the rupture occurred, the abdomen became flat, distention abated, but not the septic condition. I diagnosed rupture of a tubo-ovarian abscess, advised surgical intervention, even in the apparently final stage, opened the abdomen, found it full of pus, also a broad ligamentous cyst on the opposite side; removed the same, made vaginal drainage, kept drain in *situ* for 10 days; convalescence was uneventful and patient is living today in fine health. Without surgery what would have been the prognosis? Simply unavoidable death within a few hours.

A number of times I have been called in council at the last minute, where a sudden collapse, feeble pulse, pallor, and subnormal temperature would not yield to any known therapy, either by mouth or hypodermically. This again demonstrated the fact that delay means death. Had a proper diagnosis been made of ectopic pregnancy, surgical intervention would have saved the cases promptly.

Pain, so common in all acute lesions, varies in onset, intensity and permanancy. If dependant upon a serious cause it needs

A doctor who uses cutting words is often cut by his associates. Ideals are objects of fancy, square deals absolute facts.—C. S., *Med. Monitor.*

The universal refuge of the physician nowadays seems to lie in morphine injections.—*The Medical Era.*

immediate attention; hence pain is the most important first sign in acute abdominal complications. It is noticeable in the face, which expresses suffering, anxiety; shock must be differentiated from the pains of acute intestinal functional variety, as met in renal and biliary colics, acute indigestion, and cholera morbus. This will require all the pulling together of all the reasoning and diagnostic faculties one may likely be possessed of. The doctor of experience fully comprehends when I say that above all professions ours stands *sui generis* in being able to meet sudden and unlooked for emergencies, and to save annually many lives if we are able to meet the emergencies promptly. If by the time the physician arrives pain is manifest in addition to symptoms of peritoneal shock, which, if concealed hemorrhage be present, would be pallor, restlessness, feeble pulse, and subnormal temperature, he is confronted by a grave lesion; and coupled with irregular menstruation, and tender breasts, diagnosis is easily one of extrauterine pregnancy.

At times simple faintness, seen in severe abdominal pain, will have given place to reaction by the time aid arrives, and should not be mistaken for hemorrhage, for here the ever-increasing anemia, small, weaker pulse and exhaustion will not abate; whereas in shock not due to hemorrhage the patient shows improvement. We would also have the absence of rigidity and the characteristic facial expression, so constantly found in serious abdominal lesions.

Pain with beginning sepsis has peritoneal shock, with abdominal tenderness, and rigidity. The latter two are always of greatest significance. Added to these, vomiting is another important symptom not to be overlooked, though vomiting alone means little, but with such symptoms before mentioned, the question of a surgical operation ought to be decided on the spot, for if one waits for more positive evidence, it may prove fatal. Infection is as certain as is death. The diagnosis of an acute lesion that needs immediate operation, needs no positive diagnosis; the exact nature of the lesion may be determined only by operation. —Richardson.

Pain, shock, vomiting, tenderness and rigidity, in males, means appendicitis; even if pain and tenderness are in the right lower quadrant, pain radiating all over the abdomen in general, yet the diagnosis is positive.

In women with a history of gallstones, hepatic colic, etc., these same symptoms, i. e. pain, shock, vomiting, rigidity, abdominal tenderness, mean cholecystitis; with a history of pelvic or uterine diseases, salpingitis; with bloody stools they suggest intussusception; with circumscribed resistant coils, a local intestinal gangrene, or an internal strangulation; with symmetrical tumor in the lower abdomen an ovarian cystoma with twisted pedicle. Again on very rare occasions, these symptoms are deceptive, and may mean nothing, but must be left for the surgeon's judgment, for he is the man to meet the emergency.

Pain, vomiting, tympany, and distention, without shock, mean simple, acute intestinal obstruction or a chronic intestinal obstruction suddenly becoming complete, but the differential point, not to be forgotten, in this last mentioned lesion, will demonstrate to one's satisfaction completely, whether or not one may hear the peristaltic or wave-like sound—which cannot be heard in the real or grave acute intestinal lesions; hence it is of value at all times to know of its presence or absence, and its correct interpretation.

The less rapid processes characterized by *slow extravasations, i. e. simple obstruction*, etc., may on account of their uncertainty justify delay, as would be the case when

No really meritorious proprietary need suffer from the attitude of the A. M. A. We need the good and true ones.—*Al. & Neurol.*

The *Boston M. & S. Journal* denies that the medical student has lost anything in neglecting prescription building. We fully agree.

patients are recovering from profound shock, due to either hemorrhage or sepsis; shock so profound that the least burden would prove fatal, demands delay.—Richardson.

In cases of doubt, exploration is justifiable, according to Richardson. For one unnecessary operation a hundred necessary ones should be performed. For one life lost, a hundred would be saved. Most abdominal lesions demand a surgeon of ripe experience and skill.

In the face of the lesions just mentioned, one may readily see the difficulties in diagnosis are many, yet within our power to acquire, and that delay means disaster; let us therefore so strive to study the acute intestinal lesions as to acquire all the skill necessary to correctly diagnose and interpret the grave symptoms. Thus may we not only merit the appreciation of our patients, but have that consciousness within ourselves, that we have rendered a safe and effectual service, before God and the reign of law; and no one, not even ourselves, have just cause for regret.

Marion, Ohio.

SURGICAL NOTES

CURE OF CHOLECYSTITIS.

Most surgeons experienced in surgery of the galltract now know that simple removal of gallstones does not cure all the trouble in most cases. Dr. Hugh Taylor, of Richmond, in a good article entitled "The Scope of Surgery in Bile-Duct Infections," remarks: Cholecystostomy removes the gallstones, but in the recorded experience of many does not cure the patient. Why? Because it does not cure the cholangitis and cholecystitis. Cholecystectomy often leaves an infectious inflammation involving the cystic, common or hepatic ducts and their ramifications. More and more the conviction has been forced that even in uncomplicated cases removal of the gallstones does not give satisfactory end-results because we have only eliminated one of the sequences and not the disease. A study of this subject at the hands of those whose opinions merit our greatest consideration impresses the fact that the key to success is drainage (by cholecystostomy or through the hepatic or common duct), prolonged drainage, until the infections in the gallbladder and ducts have subsided. Dr. Maurice Richardson tersely puts it: "From study and experience therefore I am led to the conclusion that the essential thing in the surgery of the bilious tract is full, free drainage, allowed to persist until it closes spontaneously." Moynihan, in his work on "Abdominal Operations," page 526, writes: "The great principle which has to be carried out in all gallstone surgery is drainage," drainage to prevent leaking, "and cure that condition of the mucosa (stone-forming calculi) which was responsible in the first instance for the formation of gallstones."

HYPERTROPHIED PROSTATE AND STONE.

That there is a decided relation between stone in the bladder and hypertrophy of the prostate is the claim of Prof. Reginald Harrison, of London. He says the explanation is this: (1) The enlarged prostate forms a hindrance to the spontaneous exit of small stones of urates or oxalates that are formed in the kidneys in old age. (2) The difficult micturition, and the ammoniacal

It is not prescription building the student needs but knowledge of the action of drugs in health and in disease.

The student needs no prescription writing but a knowledge of how to use drugs in the treatment of the sick.

disintegration of the urine, can lead to cystitis and the formation of phosphatic concretions. (3) Litholapaxy does not accomplish the result desired. Only removal of the prostate at the time the stone is excised will effect a perfect cure. Harrison prefers the suprapubic method, which makes possible the removal of the stones, with prostatectomy.

HEMORRHOIDS AND RECTAL FISSURE.

Altogether too many people are allowed to suffer from hemorrhoids and anal fissure without examination. It is so easy to give a little "pile-ointment" or a few suppositories; it is so "nasty" to make a careful examination. And so—patients either suffer for years or drift into the hands of the "pile-specialists." Yet a rectal speculum costs but $2.00 and a Paquelin cautery only $8.00; these with a little chloroform and some common sense may be made to cure these conditions—unless excessively bad—to the unbounded relief of the patient and the great credit of the family doctor. Less ointments, more fire, should be the rule.

THE VALUE OF THE DIFFERENTIAL LEUCOCYTE COUNT IN ACUTE SURGICAL DISEASES.

Gibson (*Annals of Surgery*) reaches the following conclusions: The differential blood-count and its relation to the total leucocytosis is today the most valuable diagnostic and prognostic aid in acute surgical diseases that is furnished by any of the methods of blood examination. It is of value chiefly in indicating fairly consistently the existence of suppuration or gangrene, as evidenced by an increase of the polynuclear cells disproportionately high as compared to the total leucocytosis. The greater the disproportion the surer are the findings, and in extreme disproportions the method has proved itself practically infallible. As the relative disproportion between the leucocytosis and the percentage of polynuclear cells is of so much more value than the findings based on a leucocyte count alone, this latter method should be abandoned in favor of the newer and more reliable procedure. The negative findings showing no relative increase or even an actual decrease of the proportion of the polynuclear cells while of less value, shows with rare exceptions the absence of the severer forms of inflammation. In its practical applications, the method is of more frequent value in the interpretation of the severity of the lesions of appendicitis and their sequelæ. In order to have some standard to measure disproportion of the polynuclear percentage, it is suggested that a trial be made of the chart which is tentatively recommended under the arbitrary designation of "standard."

TUBERCULOSIS FROM DECAYED TEETH.

When glands of the neck are the site of tuberculous enlargement one should not only examine the tonsils, as advised by Prof. Waugh, but also the teeth. Very often a tubercular peridentitis acts as the cause of the enlargement of the glands, especially those anterior to the sternocleidomastoid muscle. Removal of the buccal irritation will sometimes cure the adenitis, so that a disfiguring operation will not be needed.

TRAUMATIC STRICTURE CURED BY ELECTROLYSIS.

A case of rupture of the urethra followed by lineal stricture, cured by circular electrolysis, is reported by Dr. Paul Blondel

The *Boston M. & S. J.* says that in Paris the exclusive hypo. method has become a very popular fad, following Robin.

Evidence has become almost conclusive that dementia paralytica is the result of a bacterial toxin.—*Courier of Medicine.*

(*Archives d'Electricite Medicale*, April 25, 1906). The lumen of the stricture before operation admitted a No. 10 French. Dilation with sounds failed. Perineal urethrotomy was first performed with rapid recurrence. Circular electrolysis with a Benique after Desno's method (negative electrode in urethra 4 to 5 ma. given during 7 or 8 minutes), was followed by an excellent and durable result; or at least two years have passed without return of the trouble. Blondel says, however, that the method does not claim to insure against late recurrence but is often a very valuable adjuvant to dilation.

ANOTHER DEATH FROM SCOPOLAMINE.

Medical Press and Circular says that Rys, of Vienna, desired to remove a lymphoma from the neck of a youth, aet. 16, for which purpose he narcotised by injecting half a syringeful of a solution of scopolamine and morphine, which would contain about a quarter of a grain of morphine and 1-100 of scopolamine. After the injection the boy went to sleep, but the pain of the operation speedily awoke him. In the course of an hour another injection was given and the operation completed with a little chloroform as he was very restless. The operation being over, the boy went to sleep, having received 2-3 of morphine and 1-50 of scopolamine. He slept quietly till four o'clock the following morning, when the nurse aroused the indoor physician to come at once, as the boy was having fits or convulsions, and she said he had never been awake since the operation the day before. The doctor found the lad in a deep sleep with reflexes of body quite active, though absent in the cornea, and the pupils acting sluggishly. At short periods tonic convulsions were observed, breathing irregular, temperature 40.9 Cent., and pain on pressure over the body. To relieve the convulsions tincture of musk was injected with the desired effect of checking the spasms. The boy still slept, but the pulse was now very feeble and more rapid. The physiological solution of salt was injected to the extent of 500 grams, which improved the pulse for a time, but it speedily relapsed again into the weak condition. The salt solution was injected three times more with temporary improvement, while musk was used in the intervals, but the breathing still became weaker, which half an hour's artificial respiration did not improve. In spite of every effort the boy died about 11 o'clock, or twenty-four hours after the operation. If Rys had employed pure hyoscine hydrobromide with morphine it is probable there would have been no fatality.

GUNSHOT WOUND OF VERTEBRA.

Dr. H. A. Moseley, of Dallas, Tex., in *Texas Medical Journal*, reports the case of a young man who [illegible] the spinal column, at close range, by [illegible] The ball struck the sixth [illegible] fracturing the lamina and so impinging [illegible] the cord as to produce complete paraplegia. The bullet was located by x-ray and removed by Drs. Moseley and J. H. Reuss. In ten days there was perceptible sensation in the extremities and a gradual return of muscular power. He was shot April 27; on August 12 he was able to return to his work.

RADIUM TREATMENT OF CANCER.

In *American Medicine*, April 1906, Dr. Catherine Mac Farlane, of Philadelphia, briefly reviews the results obtained by different men in the radium treatment of cancer, and concludes as follows: "To summarize, there are reported 13 rodent

Blanchard tells the Paris Academy appendicitis is caused by worms. As there's no medical treatment for worms—?

A week of humidity ran Chicago's mortality away up to near the usual figures of New York and other great cities at their best periods.

ulcers cured, 14 epidermoid cancers cured, 1 malignant wart cured, 11 cases of cancer of the esophagus slightly improved, 27 carcinomas unaffected, 1 malignant wart unaffected, 1 malignant mole unaffected, 1 rodent ulcer unaffected. The advantages of radium are its portability, and the ease with which it can be applied and accurately localized." From the foregoing summary we may conclude that it has a distinct, altogether very limited, field of usefulness in the treatment of malignant disease. Its action is similar to that of the Roentgen ray, but much weaker. It is preferable to the Roentgen ray in the treatment of small rodent ulcers, and is available for use in inaccessible cavities.

ARTHRITIS DEFORMANS CURED (?) BY X-RAY.

Archives of Physiological Therapeutics says that Anders, Daland and Pfahler report two cases of arthritis deformans successfully treated with the x-ray. The exposures were made three times a week with about one milliampere of primary current for fifteen minutes. Internal treatment and massage were also employed. While the report is made as a preliminary one only, the authors say that they consider the method a valuable one, the rays stimulating the metabolism of the affected joints. This should be taken advantage of and massage and passive movement added to assist in the removal of the exudate.

SCOPOLAMINE A MYDRIATIC.

Dr. J. G. Parsons, of Brookings, S. D., says that scopolamine in 1-1000 solution may be used for a mydriatic. Two instillations fifteen minutes apart produce paralysis of ciliary muscle for purposes of refraction after one hour from second instillation. Mydriasis passes away in five days; disappearance may be hastened by instillation of eserine 1-1000 every three hours. Accomodation returns in 24—36 hours.

PROFESSOR JONES.

Dr. Geo. W. Jones has been elected Professor of Descriptive and Surgical Anatomy and Clinical Surgery in the Keokuk Medical College—a most worthy selection for such an important place.

DIONIN IN OPHTHALMIC SURGERY.

Dr. Leartus Connor, of Detroit, says dionin is useless in removal of the eye; and urges caution in its use. Weber, however, considers it an analgesic of value in iritis where atropine fails to relieve, and used with atropine seems to enhance its action. It helps to clear up corneal opacities in interstitial keratitis, although without effect on other forms of corneal haze. It is of value if used to the point of positive reaction in promoting the absorption of exudation deposits upon the anterior capsule in the capillary space, and also in promoting the absorption of post-operative debris in cataract.

TREATMENT OF GOITER.

Hardon, who has made a careful study of the subject, says:

1. Every irregular tumor of the thyroid, no matter how small, should be removed, as only by following this line of procedure can we hope to save the lives of those having malignant growths.

2. Every regular tumor of the thyroid causing symptoms other than deformity, should be resected when, after a few months'

Metchnikoff says that in 40 cases the symptoms of appendicitis disappeared after treatment for worms.

While condemning nostrums we need not forget that simple elixir and comp. tinct. cardamom are strongly alcoholic.

medical treatment, its growth is not checked, and no improvement is shown.

3. Avoidance of trauma, care of the stump, free drainage and salt solution to keep full blood and lymph vessels, to prevent as far as possible wound absorption, constitute the chief points in operation.

VOMITING AFTER OPERATIONS.

To check persistent vomiting, and to secure sleep the first night after operation, two and a half grams (forty grains) each of bromide of potash and chloral hydrate may be given in clyster, not more than four ounces of water being used. Almost instant comfort and quiet follows the few minutes of local irritation.

FOR FECAL IMPACTION.

In cases of fecal impaction try rectal injection of a pint of coal oil. It often "works" admirably.

NEUROMA OF HAND.

Quite frequently piano players, telegraphers and others who make constant use of their fingers develop neuromas between the metacarpal bones—small, painful tumors of a few months' growth. They should be removed under cocaine with most careful antiseptic precautions lest thecitis or neuritis be set up. Great care must be exercised not to injure the nerve.

GONORRHEAL RHEUMATISM.

It should not be forgotten that cases of gonorrheal rheumatism which resist internal medication may sometimes be relieved by incision and free drainage, as pointed out some years ago by Dr. John O'Connor, of Buenos Ayres, Argentina.

CURE OF MEDIASTINAL CARCINOMA.

Dr. G. E. Pfahler, of Philadelphia, reports six cases in which carcinoma of the mediastinum developed after cancer of the breast. All of the patients had been previously operated upon. They were treated by x-ray and three have apparently recovered.

CINERARIA MARITIMA FOR CATARACT.

For some years it has been claimed that cataract can be cured without operation by use of a certain preparation of Cineraria maritima. Dr. A. E. Bulson, Jr., an ophthalmologist of great experience, claims (*Ft. Wayne Medical Journal-Magazine*, January 1906) that it is absolutely worthless. If any reader of the JOURNAL has had an undoubted cure let him report it.

GYNECOLOGICAL NOTES

CORSETS A CAUSE OF GALLSTONES.

Dr. Chas. G. Cumston, of Boston, in *International Journal of Surgery*, expresses his belief that the more frequent occurrence of cholelithiasis in women is due to circumstances causing an obstruction to the flow of the bile, such as tight lacing, which, in his opinion, is a very important etiological factor. Schroeder was able to show that in more than half the women presenting biliary gravel a corset-furrow was present on the liver; a fact which has also been pointed out by Schueppel and Roth, and

Caffeine val. is valuable in nervous and whooping-cough vomiting, small doses relieve the sense of nausea.—Neuman, *Denver Med. Times.*

Hiccough associated with vomiting is often relieved by caffeine. Caffeine poisoning shows vomiting with frequent urination—Neuman.

Marchand adds that this lacing-furrow as a rule runs across the right lobe of the liver, while in the region of the gallbladder will be found pressure-atrophy of the parenchyma particularly involving the connective tissue. When lacing has been greatly overdone, there occurs what he terms a lacing-lobe, and the gallbladder appears to be solely connected with this, so that the pressure is brought to bear on its neck, as well as on cystic duct. In such cases one not infrequently finds a distended bladder reaching quite a bit above the edge of the liver. From the position of the lacing-furrow it is plainly evident that the gallbladder and biliary ducts are exposed to quite extensive traumatism, as well as compression of the cystic duct, which results in stasis of the bile.

A NEW THEORY OF FEMALE GENITAL ACTIVITY.

At a meeting of the Liverpool Medical Association, held May 3d (*Lancet*, May 12) Dr. W. Blair Bell read a preliminary note on a New Theory of Female Genital Activity. He argued that the uterus had a further function beyond the one usually attributed to it, viz., the secretion of an active agent which he called "uterin." He pointed out how clinical facts, such as the results of complete hysterectomy, the results of complete oophorectomy, the condition of the uterus in superinvolution, and the results obtained by conservation of the endometrium in supravaginal hysterectomy, all supported his contention that the theory of ovarian secretion was inconclusive and insufficient, and that the secretion of "uterin" as an internal secretion was paramount in genital activity. He indicated the general effects of excess and deficiency of "uterin" in women. He believed that menstruation was the result of *excretion* of an excess of "uterin" and he thought it probable that ovulation was influenced by "uterin" circulating in the blood. The menopause was produced by atrophy of the uterus and consequent deficiency of the "uterin." Dr. Bell further gave an account of the methods of investigation and laid stress on the marked effects obtained by the administration of an extract of the uterine glands.

This is certainly a novel theory, but there is nothing improbable in it.

MRS. EDDY AND CANCER OF THE BREAST.

The recent assertion that Mrs. Eddy, the founder of "Christian Science," is dying from cancer may not be true, but that she "permitted" her sister-in-law to die of the disease cannot be disputed. Frederick W. Peabody, Esq., of Boston, Mass., in his book upon "Eddyism," which he is prepared to maintain in court any time he is called upon, says: "In the summer of 1902, there died in the city of Boston, after seven years of illness, Mrs. Mary Ann Baker, the widow of Mrs. Eddy's deceased brother, Samuel Baker. The relations between the sisters-in-law had, for years, been cordial, and I have seen and read Mrs. Eddy's autograph letters in which she professed, only a few days before her death, the greatest affection for Mrs. Baker. One of the letters had contained a check of $3,000 that Mrs. Eddy had presented to Mrs. Baker, and they leave no doubt, that if Mrs. Eddy could have saved the life of her sister-in-law, she would have done so. Mrs. Baker's disease, of which Mrs. Eddy from the beginning to the end was entirely informed, was cancer of the breast, and her suffering during the seven years of illness may be better imagined than

Neuman says HCl is the most important remedy of vomiting of gastric cancer, but he has not used calx sulphocarbolate.

Cannabin tannate, gr. 1-20, not often repeated, is one of the best remedies in vomiting of cerebral tumor.—Neuman.

described. At Mrs. Eddy's request, Mrs. Baker had submitted to Christian science treatment, the healer selected by Mrs. Eddy being Mrs. Jannette E. Weller, a close friend of Mrs. Eddy and her confidential representative in Boston; but Mrs. Baker derived no benefit from it whatever, and died while in the care of Dr. H. S. Deering of Boston. If Mrs. Eddy, for hire, had healed, at one sitting, a cancer that had so eaten into the neck of a stranger that the jugular vein stood out like a cord, why, in the name of God, did she not, for her love's sake, stay the progress of the loathsome disease that for seven years ate into her sister's breast?"

TRANSPLANTATION OF OVARIES.

It is claimed that it is not necessary to transplant whole ovaries, as practised by Dr. Robert T. Morris, of New York (with pregnancy following); but that if even a few strips or ribbons of ovarian tissue be obtained from a healthy subject and attached to the broad ligament near the fimbriated end of the Fallopian tube equally good results may be obtained. No case of pregnancy has yet been reported, but restoration of menstruation after its complete subsidence has been noted. QUERY: What would be the effect on a woman past the menopause—could she be made to conceive?

IS THE TREATMENT OF STERILITY JUSTIFIABLE WITHOUT EXAMINING THE SPERMA OF THE HUSBAND?

Under this caption, *Medical Standard* quotes Pincus as warning against the tendency among gynecologists to go ahead with the treatment of sterility on the assumption that it is due to the woman. In every case, he believes, the husband should be questioned as to his power of having intercourse and a careful examination of the sperma should be made. This search for spermatozoa should be made several times and at rather long intervals, during which time the person is to abstain from intercourse, since it is well known that a temporary azoospermia occurs after repeated coitus. Pincus reports concerning 483 cases of sterility, in 58 of which he found absence of spermatozoa. In 19 of these cases the wives had been under treatment. Furthermore, he found in 37 instances persistent oligospermia and 13 times necrospermia.

INSANITY AND FIBROIDS.

For many years I have noted that most women afflicted with fibroid tumors of the uterus have more or less marked mental alienation. In some cases decided insanity has been present. Worry on account of the growth has nothing to do with the mental disturbance as in many instances the existence of a morbid growth was not suspected. This tendency to insanity constitutes a most important indication for the removal of all large uterine fibromata and myomata. The head-symptoms disappear quite soon after complete hysterectomy.

FOR NERVOUS DYSMENORRHEA.

In cases of dysmenorrhea without mechanical obstruction it is well to try good doses of bromide of potash, with hydrastinine and helonin.

CERVICAL LEUCORRHEA.

Leucorrhea is seldom dependent upon endometritis. It is more often due to cervical inflammation, and to masturbation.

Hill in *Denver Times* gives 20 pages of brief notes as to the uses of drugs, which we are told are worthless by others.

When a man says there is nothing of value in drug therapeutics always add, so far as he knows, and you will be right.

DEPARTMENT OF
DERMATOLOGY, VENEREAL AND SEXUAL DISEASES
WITH A REVIEW OF THE LITERATURE OF THE WORLD

In charge of Dr. WILLIAM J. ROBINSON.
Address all communications designed exclusively for this department to Dr. William J. Robinson, 12 Mt. Morris Park, West, New York City.

A THERAPEUTIC HERESY.

BY L. JACOBI, M. D.

LET me state at the outset that the "heresy" concerns our present method of delaying the constitutional treatment of syphilis until the appearance of specific eruption.

In the management of every other kind of poisoning, there is no difference of opinion as to the danger lying in delay. It is only when we come to syphilis that this paradox confronts us. Syphilis is a form of poisoning; an infection; an intoxication, and why should the general principle of treatment in cases of poisoning find an exception here?

What would we think of a conservative physician who should delay the injection of antitoxin in diphtheria until the appearance of laryngeal stenosis? And yet we are committing the analogous error in syphilis.

The argument that we cannot be certain of our diagnosis before the rash has appeared is a regular *testimonium paupertatis* for our advanced knowledge. If the fault lies in our inadequate methods then the attention must be directed toward finding more reliable means of recognizing syphilis early.

It seems however, as if some neglected diagnostic aids are at our disposal even at present. For example, inoculation of the patient with the secretion of the primary sore may help to differentiate the specific lesion from the non-specific.

The current idea that a few weeks do not count for so much in the course of this disease, and that therefore the poison may be left to develop and work its way into the system before treatment is commenced, appears to be quite preposterous. Not only on theoretical grounds is it difficult to grant that we need not hurry to expel or neutralize the poison within our economy, but there are also concrete data which tend to show the fallacy of this current teaching.

We refer to the recent experiments of Metchnikoff with the inoculation of syphilis and its treatment. The results obtained, point to the fact that the sooner specific medication is begun, the shorter and milder the subsequent course taken by the infection.

Hence every available diagnostic means ought to be pressed into service, in order to recognize syphilis early and to begin treatment in time.

When we consider how the present diagnosis of this disease rests on such crude and striking symptoms as the primary sore plus secondary eruption, it may be permitted to wonder at the slow progress medical knowledge has here made. Physicians still continue to recognize this infection from the same data that the layman waits for in making his diagnosis.

Fortunately, the trend of modern science is away from those times when our famous clinician was loath to make a positive

diagnosis before the disease had run its full course, and another one advised his students to reserve diagnostic opinion if possible until the post-mortem.

Let us rather hope to see the day dawn soon, when the diagnosis of syphilis will be made from a smear under the microscope. Nor should the reader accuse us of "second sight" when we confess that in our mind's eye we see the physician of the future in the act of administering syphilitic antitoxin to the patient long before the eruption, which subsequently becomes very conspicuous by its absence.

In our mind's ear we can hear this physician making certain remarks about the treatment and diagnosis of syphilis at the beginning of the twentieth century, but we beg to be absolved from recording his words here.

New York City.

—:o:—

Our friend's heresy is not quite so heretical as he thinks it is. There are quite a few good men now who begin specific treatment immediately upon the appearance of the primary sore. As to the use of the microscope in the diagnosis of syphilis, we have been doing it for the last fifteen months—since Schaudinn's report on the Spirochaeta pallida. We have just come across an article by Dr. Edward Martin in the current issue of the *Therapeutic Gazette*. The opening paragraph is as follows: "The treatment of syphilis should begin as soon as the diagnosis of infection is made. Thus when there is a history of primary incubation of more than two weeks and there develops a papule or superficial abrasion not otherwise to be accounted for, treatment should begin with the immediate excision of this lesion and careful microscopic examination for the Spirochaeta pallida. In case the latter is found the immediate administration of mercury is indicated." As is seen, the microscope is advocated by Dr. Martin as a routine means of early diagnosis.—W. J. R.

THE TREATMENT OF SYPHILIS.

Dr. M. B. Hartzell pins his faith to mercury and the iodides. In speaking of the iodides he says he agrees with Hutchinson that small doses are just as effective as large ones. He had seen large patches of ulcerating syphilitic tubercles disappear within a few weeks under the administration of 2 to 3 grain doses of potassium iodide. In view of this fact it seems quite unnecessary, and therefore an error, to give the large doses in ordinary cases which are customary with many physicians. Of course, when the syphilitic lesion is situated in some part of the central nervous system, where, owing to the delicacy of the tissues involved, irreparable damage may result in a short time, one should not take any risk and large doses may be given; but in the ordinary cutaneous lesions all that the drug can accomplish may be obtained from 3 to 5 grain doses, and all risk of disturbance of the stomach or of producing serious iodism may be avoided; and it should not be forgotten, as it too often is, that the symptoms of iodism may, in exceptional cases, be quite as severe as those of syphilis, or even more serious.

As to local treatment, he says that during the secondary period local treatment is usually of secondary importance and is only indicated when exposed parts, such as the hands and face, are the seat of every noticeable or disfiguring lesions. In such cases the daily application, with gentle friction, of calomel ointment, one dram to the ounce, may hasten appreciably the disappearance of the eruption, but, after

A terrible increase in cocaine eating is reported from India, about Calcutta, and the legal measures are termed "grandmotherly."

The *Lancet* reports a case where collapse followed a small dose of pilocarpine when the patient was prevented spitting.

all, the chief reliance must be on the constitutional treatment. In the scaly eruptions which are frequently seen upon the palms and soles, constitutional treatment, however well directed, often fails unless accompanied by local applications; and here nothing is better than an ointment of ammoniated mercury, 40 to 60 grains to the ounce, well rubbed in twice a day. The healing of the shallow erosions and ulcers which occur so frequently upon the lingual, buccal, and pharyngeal mucous membrane is very materially accelerated by the thorough application of the acid nitrate of mercury every four or five days; indeed, in many cases these lesions persist for months without some such local treatment. The use of tobacco in these cases should be forbidden absolutely.

In the ulcerative lesions of the tertiary stage, local treatment is always indicated; and in his experience nothing is more efficacious or more easily used than the spread mercurial plaster as made by many manufacturers of druggists' supplies. A fresh piece of this a little larger than the ulcer should be applied daily, first washing away accumulated discharge with a 1:4000 bichloride of mercury solution and thoroughly drying. Usually no further dressing is required, but if the plaster is not sufficiently adhesive it may be kept in place with a few turns of a roller bandage.

GONORRHEAL SEPTICEMIA AND ENDOCARDITIS.

Dr. Thayer states that the comparative frequency of gonorrheal septicemia and endocarditis is generally recognized, and it has been shown by many that a demonstrable septicemia may exist in connection with various complications other than endocarditis. The development of symptoms suggestive of septicemia with fatal results, consecutive to gonorrhea, without evidence *intra vitam* of any local complication, is also an occurrence of no great rarity. In most of these instances necropsy reveals some local focus of infection outside of the urethra. Podula in 1892 described a form of mild intermittent or continued fever which he had observed in a number of cases of gonorrhea, sometimes in simple cases, but more particularly in those with complications. After running a course of several weeks' duration the fever disappeared. From our present knowledge of the gonococcus it is natural to regard these cases, both mild and severe, as instances of true septicemia. Thayer observed an instance of this continued fever of about seven weeks' duration occurring in a case of acute gonorrhea without apparent complication, in which the existence of a septicemia was established by cultures from the blood. Of ten cases of gonorrheal septicemia at the John Hopkins Hospital, in six the gonococcus was positively identified by cultures found in the blood *intra vitam*, from the local lesions at necropsy, or by both methods. In one case gonococci were found in the lesions, but no growth was present on ordinary media. In three cases there was a mixed infection, but gonococci were found. In two others organisms were present on the valves, but the infection clearly followed acute gonorrhea without other apparent cause. One patient, a man aged 28, with vague general symptoms of headache, backache, and general *malaise*, continued fever, a thickly coated tongue, a palpable spleen, and suspicious rose-spots, these symptoms lasting seven weeks, was not unsuggestive of typhoid fever, but cultures from the blood and the course of the case showed it to be a gonorrheal septicemia. There was a suspicion throughout of the existence of endocarditis, but at a subsequent

Earache:—Give atropine by the stomach for children with coryza, enough to redden the face or dry the mouth.

Earache:—For children with coryza and fever give anemonin a granule every hour till relief or pulse sedation.

examination, five months later, there was no evidence of cardiac disease. If endocarditis was present, it was so slight as to leave no permanent change. These cases show that the mild continued fever sometimes seen in gonorrhea without complications, is, in some instances at least, evidence of a true gonorrheal septicemia. A true gonorrheal septicemia in cases in which there is no evidence of local complications may run a course not unlike that of typhoid fever. In doubtful cases of continued fever with gonorrhea, the possibility of gonorrheal septicemia must be borne in mind. Further, there is evidence that an acute urethritis is by no means infrequently followed by an endocarditis, either of specific gonorrheal nature, or due to secondary or mixed infections which have found their portal of entry in the urethra and have entered late upon the primary infected valves.—*Brit. Med. Jour., No.* 2372.

SOME UNTOWARD EFFECTS OF PROSTATIC MASSAGE.

Prostatic massage has, according to Dr. Heinrich Stern, become too much of a routine measure which is used by many physicians and even specialists without due regard to its possible dangers and untoward effects. Cautiously and moderately performed it has its legitimate place in the therapeutics of the genitourinary organs. But performed too strongly or too continuously, it may aggravate the condition, produce an acute prostatitis, gonorrheal cystitis, etc. That prostatic massage may even cause gluteal and sciatic neuritis has not been known before, but Dr. Stern reports the histories of six patients in whom this was the case. That the neuritis was the direct cause of the massage was shown by the fact that on discontinuing the massage the pain disappeared, practically without any treatment.

As an illustration we will abstract here one case. The patient, 44 years old, had been treated at a free clinic for chronic posterior urethritis of gonococcal origin, as well as for an old prostatitis. He was given a course of prostatic massage in the knee-elbow position, with the aid of a specially constructed instrument. The inexperienced manipulator, in his zeal to effect a cure quickly, undoubtedly handled the parts somewhat roughly with the result that the patient could neither sit nor lie down. The pain extended all over the buttocks and perineum and even radiated down the muscles of the back of the thigh. Discontinuance of prostatic massage, faradization of the painful parts, in the beginning some urinary sedative, and lying on the abdomen as long at a time as possible, brought on complete relief in two weeks.

We fully agree with Dr. Stern that overzealousness in performing prostatic massage which, unfortunately is but too common now, is responsible for a great deal of mischief.

THE INFLUENCE OF LIGHT IN THE PRODUCTION OF CANCER OF THE SKIN.

The question on the influence of light on the production of cancer has recently been exciting a good deal of attention. Dr. James Nevins Hyde has an extensive and interesting article on the subject (*Amer. Jour. Med. Sci.*) and reaches the following conclusions:

1. The skin of the human body, in a certain proportion of individuals, and in those only, is hypersensitive to the action of the actinic rays of the spectrum.

2. This hypersensitiveness may be exhibited in the production of either hyperemia, pigmentation, telangiectasis, atrophy, hyperkeratosis, or cancerosis of the skin; or by all at times, in a determined order of succession.

3. In the form of childhood cancerosis, known as Xeroderma pigmentosum, the

Theobromine is better than caffeine as a diuretic, as having no vasoconstrictor action.—Cushny.

Fraser suggests that the germs of tetanus and trichina may be communicated to grazing animals from earthworms.—*Lancet*

pigmentation, telangiectasis, atrophy, hyperkeratosis, and cancerosis of the skin resulting from exposure to rays of light are exhibited early in life; instances of this disorder are exceedingly rare.

4. Pigmentation, telangiectasis, atrophy, hyperkeratosis and cancerosis of the skin occur in adults much more frequently than in childhood, reaction to the play of actinic rays of light upon the surface being chiefly determined after the middle periods of life have been reached.

5. Physiological pigmentation of the skin in the colored races seems to furnish relative immunity against cancerosis of that organ.

6. The colored races apparently suffer less than the whites from cancer of other organs than the skin. This relative immunity may be due to the protection from actinic rays of light furnished by the pigment of the integument.

An extensive bibliography is added by Dr. Hyde.

INUNCTIONS IN SYPHILIS.

Dr. Boulengier (*Therap. Gaz.*, June) makes a plea for the use of mercury by inunction rather than by the mouth, and makes an attempt to show that it acts entirely by stimulating the protective forces of the organism and not as a bactericide. He claims that although a particularly large number of cases are being treated according to the classic or approved method, and although the cases of syphilis proper are becoming more manageable, the parasyphilitic affections, and especially paretic dementia, are becoming more frequent and more severe. This is due to the fact that mercury, too long continued, loses its power over the lymphatic system and thereby its beneficial effect. Mercury has no preventive action, and syphilis may be contracted by a salivated person. As mercury is absorbed by the lymphatics it acts better when given by inunction than by the mouth, and especially when used in a region rich in lymphatics, such as the groin or axilla. Boulengier now uses mercury by inunction from the beginning of secondary symptoms for six to eight months, or until the cessation of symptoms, and then considers the patient permanently cured. He gives potassium iodide for arterial and fibrous changes occurring later in the disease.

TREATMENT OF GONORRHEA IN THE FEMALE WITH METHYLENE BLUE.

Methylene blue has been very little used in gynecology. Dr. F. W. Bukoemski (*Russki Vratch*, Vol. 5, No. 34.), employs it extensively in the treatment of gonorrhea in the female. He uses a saturated aqueous solution (4 per cent). The treatment can be begun in any stage of the disease. At first, the pus covering the external organs is washed off with a weak solution of formaldehyde (1:1000 to 2000); thereupon the methylene blue is applied on a cotton carrier to the urethra, cervix, the cervical canal and finally the vagina.

The application is repeated daily, or three times a week and is abundant enough to give the parts a dark blue color. There is no local reaction of any kind. In the majority of cases the remedy acts as an analgesic. The burning sensation of the parts has disappeared after one or two applications and the final results obtained were also encouraging. In other cases the microscope revealed gonococci in the secretions before treatment was commenced, whereas, after several applications the gonococci were gone. The solution of methylene blue penetrates deeply into the mucous membrane and kills the gonococci without irritating the tissues.

When sodium chloride is withheld from the diet albuminuria diminishes and edema may disappear. Boyd confirms this statement of Widal.

Austria proposes to affix stamps to prescriptions, the funds to be used to pension aged doctors and their needy families.

It must, therefore, be looked upon as an actual specific remedy in this affection. The author has also made a number of bacteriologic experiments which substantiate the claims he makes in regard to the germicidal virtues of methylene blue.

PAINFUL GLANDULAR SWELLING IN SYPHILIS.

The glandular swellings of syphilis are as a rule painless. Indeed, this absence of pain is considered characteristic. Sometimes, however, the swollen glands are quite painful. This may be due to a secondary infection leading to inflammation. Dr. Hans Vorner (*Muen. Med. Wochen.*, Vol. 53, No. 33.), reports an interesting case of painful swollen glands above the right clavicle in a syphilitic patient, who complained, besides of weakness in the right hand, evidently due to pressure of the tumor on the nerves. Under specific treatment the tumor soon disappeared and the patient was relieved of his complaint.

According to some authors, alcoholism and tuberculosis favor secondary inflammation of syphilitic glands. A syphilitic mastitis is also known and is usually painless, which serves to distinguish it from the inflammatory form. However, cases have been described in which this specific mastitis was exquisitely painful and yielded rapidly to specific treatment.

A CASE OF OPHTHALMIC HERPES ZOSTER IN A CHILD.

This case is reported by Dr. J. M. Rackmaninoff. The patient was a little girl four and a half years old. A week before the appearance of the symptoms she was struck with a thin cane on the right side of the head. The same night she complained of pain in the left eye which continued for several days, until on the seventh the vesicular eruption appeared on the forehead, temple and nose. The lids of both eyes were swollen. The subsequent course of the disease was rather severe. The author doesn't consider the slight blow of the stick as an etiological factor (it might have been though) and simply reports the case as a rarity in children.

PRURIGO AND INTESTINAL DISTURBANCES.

Prurigo is an exquisitely chronic skin disease which usually begins in early life and shows an obstinate resistance to treatment. Dr. Ludwig Steiner and Dr. Hans Vorner (*Muen. Med. Wochen., Vol.* 53, No. 33.), report a noteworthy case of this affection in a woman of 26, who complained of an intensely itching rash over the body which had appeared two days ago. Inspection revealed an eruption showing the greatest similarity to typical prurigo. The suddenness of its appearance, however, was rather remarkable. Further observation of the patient showed that she was suffering from an affection of the colon.

It is plausible, the authors conclude, to assume that the skin disease had some causal connection with the intestinal affection. In future it will be important to establish, if possible, the presence of intestinal disturbances in attacks of prurigo. This will be the duty of the pediatrist especially, as the disease usually begins early in life.

GONORRHEAL INFECTION CAUSING RECTAL STRICTURE.

It is usually assumed that non-malignant stricture of the rectum is in most cases the result of syphilis. Dr. W. S. Sweet (*Brit.*

Australian courts decide that a dentist has no right to assume the title of Doctor when holding the degree of B. D. S.

Stephens advises calcium chloride or iodide as local applications for chronic ulcers.—*British Medical Journal.*

Med. Journal, No. 2386.), reports a case in which a man of 27 who had gonorrhea about 18 months before, developed a stricture of the rectum. An operation was performed and a dense mass of fibrous tissue found to be the offending feature. Through this mass ran a fistula which ended in two or three large comedones. Each of these had a thick coat and according to the author the fistula probably originated in a gonorrheal infection of the follicle. He propounds the query whether many so-called syphilitic strictures of the rectum are not really gonorrheal in character.

PRIAPISM OF LEUKEMIC ORIGIN.

Dr. V. Blum presented to the Royal-Imperial society of Physicians at Vienna, at its meeting of May 4th, 1906, a young man 20 years old. The patient complains of an unceasing erection for the last six days. He had no antecedent genital affection, excepting that six months ago he fell down from a ladder and hurt himself at the level of the perineum and had from it a traumatic epididymitis.

The examination showed the length of the erected member to be twenty-one centimeters (8 1-2 inches) and of bony hardness. Closer examination proved the erection to be limited to the corpus cavernosum, while the urethra and glans were soft and flaccid. The patient experiences no sensual excitement anywhere, and has not the least pollution. The antecedent traumatism mentioned by the patient would lead one to think at first of a spinal lesion causing the priapism, yet methodical examination of the nervous system showed that there was none. On the other hand there was the pallor of the patient and the presence of an enormously enlarged spleen, and enlargement of the glands in the axilla and groin, making one think of the existence of leukemia. This diagnosis was confirmed by a blood examination, which showed 565,000 leucocytes against 3,235,000 erythrocytes. We have here, therefore, to do with a leukemic priapism, of which ten or eleven cases have been reported so far.

The treatment which seems to have here the best chance of success seem to be radiotherapy. In a case of this kind Goebel had a prompt result by submitting the member to the x-rays.

The prognosis is doubtful, for there may supervene a suppuration of the corpora cavernosa, which may result in pyemia and death. In that case immediate surgical interference would be imperative. The general diagnosis depends naturally on the gravity of the causal disease and the possible action which treatment may exercise over it. —(*La Medicine Orientale* 1906, pp. 341, 342.)

[For another interesting case of leukemic priapism see this Department for May, p. 663.]

A NEW ANTIGONORRHEAL.

Arhovin is defined chemically as an addition product of diphenylamine and esterified thymylbenzoic acid. It is a synthetic product and does not belong to the balsamics. It is a liquid of the color of the oil of sandalwood, has a peculiar aromatic odor and a somewhat burning taste. It appears on the market in the form of gelatin capsules each containing 4 grains (0.25). Of these, three to twelve capsules a day may be given. A 2 to 5 percent solution of arhovin in pure olive oil is used as an injection. It may also be obtained in the form of bougies—each consisting of 1 grain (0.065) of arhovin and 15 grains of cacao butter. The German reports are to the effect that arhovin is an excellent remedy in acute and chronic gonorrhea and their complications, that it acts as a prophy-

In *J. A. M. A.* W. J. Robinson describes a remarkable case of impotence caused by the habitual use of bromo-seltzer for headache.

Clobeck says always precede digitalis with a purge. Always precede *all* other medication by purging sufficient to clear the bowels.

lactic of gonorrheal arthritis, that it does not upset the stomach nor irritate the kidneys. The writer is now giving the drug a thorough trial.

THE OVER-TREATMENT OF SYPHILIS.

While we believe that syphilis is a disease that requires vigorous and energetic treatment, we are not at all inclined to deny that there is such a thing as over-treatment; that many cases are injured by the excessive administration of mercury and the iodides and we therefore think that Dr. Fox (Geo. H. Fox. *Ther. Gazette,* Aug.) is right in calling attention to the not infrequent over-treatment of the disease. Many physicians seem to think that in treating a syphilitic they have done their duty and their whole duty if they prescribe mercury and potassium iodide. They seem to forget that syphilis is an exceedingly debilitating disease which also requires tonic treatment in the best possible hygienic conditions. As nearly every reader is doubtless aware, says Dr. Fox, it is not at all uncommon to find in some dark corner of a ward in a city hospital one of these cases of "obstinate" syphilis to which enormous doses of potassium iodide have been given, each attending physician vying with his predecessor in an attempt to break the record of drams or ounces administered daily. How distressing to the patient. How discouraging to the medical student. And yet how instructive the case might be to him if he were to realize the fact that if one-half of the money expended by the city for potassium iodide and other expensive drugs were invested in pure milk, fresh eggs, and possibly a shelter tent beneath which the patient could breathe daily some pure out-of-door air, there would be infinitely more likelihood of a speedy cure.

The author concludes his interesting paper with the following paragraphs. In claiming that syphilis is too often over-treated and that the general condition of the patient is not always given the consideration it deserves, there is no intention of underrating the value of mercury and the iodides in controlling the symptoms of the disease and in materially shortening its duration. In the whole range of the Pharmacopeia there could scarcely be found remedies capable of producing more brilliant results. And yet even these potent remedies are of no value when given to a dead man. Nor do they accomplish any beneficial result in many cases in which the health and habits of the patient are such as to render their action *nil.* Indeed, as has been stated, their action is then more likely to be harmful than beneficial.

If the physician recognizes the fact that syphilis usually tends to run a mild course, that the patient as well as the disease should be treated, and that hygienic measures can never be wholly supplanted by medication, then will he find that in the treatment of this disease the very best results can usually be obtained by very moderate doses. In the days when the value of mercury was estimated by the pints of saliva that poured out of a patient's mouth as his head hung over the bedside it was a very serious affair to have the pox. At least it must have been a most serious and distressing experience to have been treated for it by one of the physicians of that time, all of whom believed in combating the disease vigorously.

From that day to this (and the fact is well worthy of note) the dose of mercury has steadily lessened. A generation ago, nearly every patient was mildly salivated, and even now some physicians believe that the drug should be pushed until the gums are slightly affected. Those who have

Netter calls attention to the value of lime salts in treating results of antitoxin and other serums.

Riegel advises atropine in gastric ulcer to restrict secretion of the acid gastric juice, which prevents healing.

opposed the use of mercury, and others who have pinned their faith to infinitesimal doses, have treated syphilis successfully, which only goes to show that nature will often cure a disease in spite of the doctor, and that possibly an unnecessary amount of mercury is still being prescribed.

Some have claimed that during the past three hundred years there has been a change in the type of the disease, and that it is no longer the virulent affection that it was in former times. Proof of this is entirely lacking, but one thing is quite certain: there has been a change in the type of the physician, not merely in the past three hundred years, but in the past thirty years. The horrible ravages of the disease, which were so common a generation or more ago, are no longer seen in our hospitals and clinics, and the student of today can only learn of them through descriptions or portraits.

But there is still room for more improvement in the type of the physician who undertakes the treatment of syphilis, and the disease will yet appear still more benign when he trusts more to nature and less to drugs, and realizes that the injudicious treatment of syphilis may sometimes prove even worse than the disease itself.

THE CAUSE OF PSORIASIS.

At the recent meeting of the British Medical Association, Dr. J. Nevins Hyde (*Brit. Med. Jour.*, Sept. 8) gave a summary of his paper on the influence of "light-hunger" in the production of psoriasis. In this he set forth five propositions for discussion: (1) Psoriasis never affects the lower animals because they are never screened from daylight by artificial coverings. (2) If psoriasis in a man is the result of light exclusion, then the number of persons affected will be relatively small. In this connection he mentioned that psoriasis occurred in from 0.2 to 1.0 per cent of the population. (3) The topographical distribution of psoriasis should coincide with that of least daylight; that this was so, he said, there could be no doubt. (4) The disease should be localized to light-excluded parts. (5) If the preceding propositions were true, the treatment should be by illumination.

Dr. Hyde's paper was followed by an animated discussion in which his views met with considerable adverse criticism. Dr. Duhring disagreed entirely with Dr. Hyde as to the etiology of psoriasis, and stated that local treatment of any kind was very unsatisfactory. The disease, certainly not parasitic, was to be combated by general internal treatment. Dr. L. D. Bulkley agreed with Dr. Duhring that local treatment was inadequate, and that the disease depended on an altered metabolism permitting of the growth of as yet unknown organisms. Dr. Ross however, supported Dr. Hyde and mentioned the cases of psoriasis among coal-miners at Cape Breton. Prof. G. H. Fox and Dr. W. T. Corbett both remarked on the apparent immunity of the negro race, the latter maintaining the importance of local surface irritation as an exciting etiologic factor. Dr. Robertson and Dr. Gilchrist were the last speakers in an interesting discussion, Dr. Gilchrist affirming its probable parasitic origin, and strongly asserting the importance of treatment by Roentgen rays.

SPIROCHAETA PALLIDA IN CONGENITAL SYPHILIS.

Dr. P. Hollaender reports his findings of the spirochaeta in a case of congenital syphilis (*Berl. Klin. Woch.*, June 11, 1906).

A star interests you because it is luminous and impenetrable; by you is a sweeter radiance and greater mystery—woman.—Hugo.

"An ignorant jackass who thinks he is smart, is past rescue," says a friend who has wasted some effort on a party.

The child was born in the Maternity Hospital in Geneva, and died a few hours later, and was examined three hours after death. The diagnosis of congenital syphilis was confirmed by the changes in the spleen, in the bones, by interstitial pancreatitis and by thyroiditis. No spirochaetas were found in the lungs or spleen, while larger or smaller numbers were found in the kidneys, adrenals, liver, placenta, and umbilical cord. Enormous numbers were found in the pancreas and thyroid, which were the most freely attacked organs of the body. The spirochactæ were seen chiefly in the connective tissue, in the walls of vessels, and especially of the capillaries. The fact that they were present in the placenta appears to him to have considerable importance with regard to the question of the etiology of syphilis.

THE TREATMENT OF ACUTE ARTHRITIS WITH INTRAVENOUS INJECTIONS OF COLLARGOL.

Dr. Geo. Riebold, (*Mun. Med. Wochen*, No. 32 Vol. 53.) reports a series of fifteen cases comprising various joint affections; he obtained a perfect cure in eleven, and considerable improvement in four. There were seven cases of gonorrheal arthritis, two cases of acute rheumatic arthritis, four subacute rheumatic cases and two septic joint affections. He employs two percent solutions of collargol, injecting at first 4 to 8 Cc. and later on up to 10 Cc. The larger the dose, the more decisive as a rule is the effect. From three to four injections have usually been sufficient. Besides this treatment, local measures are not to be neglected. The author sums up his experience as follows: Collargol is almost a specific remedy in gonorrheal joint affections. In fresh cases of acute rheumatic arthritis, the older method of treatment with salicylic preparations still deserves preference. On the other hand subacute and chronic cases do better with injections of collargol. The same holds good of septic joint affections.

AN IMPROVED METHOD OF EXAMINATION FOR SPIROCHAETA PALLIDA.

Prof. E. Hoffman and Dr. A. Halle report their improved method as follows: (*Mun. Med. Wochen.*, No. 31, 1906): Take a flat glass dish about 5 cm. in diameter and place in it 5 Cc. of a one per cent solution of osmic acid. Place this in a petri dish. Then place several clean slides upon the first dish and expose for at least two minutes to the osmic acid vapor. The secretion to be examined is smeared rapidly (with a single stroke) over the exposed surface of the slide and then the latter is put back for another two minutes on the glass dish. The smear is now fixed, and is placed in a very weak bright-red solution of potassium permanganate, washed off in water and dried with filter paper. It is then stained with eosin-azure exactly after the directions of Giemsa. The dark red spirochaeta can now be easily seen on the bluish red background.

ANAL PRURITUS.

In anal pruritus Prof. Sabouraud prefers the following simple application:

Purified liquid tar.
Butter of cocoa.
Of each equal parts.

This application while often quite burning gives almost immediate relief and in a few weeks produces a permanent cure in many cases. * * *

Do not forget *arbutin* in leaky bladders.

Whitehill reports (*J. A. M. A.*) tansy poisoning, over a dram of the oil taken, with tetanic convulsions; recovering.

Of the great lake cities the mortality of Chicago is less than that of Cleveland, Buffalo, Detroit or Milwaukee.

GLEANINGS FROM FOREIGN FIELDS

Translated by E. M. Epstein, M. D.

ORGANIC PHOSPHORUS IN WINE.

J. WEIRICH and G. Ortlich were able to demonstrate the presence of organic phosphorus in Greek wines (Thyra Island), in tokay, malaga, and other medicinally used wines. The author refers the therapeutic utility of these wines to their content of lecithin. In judging, therefore, of such wines we have to test them for phosphoric acid, and for organically bound phosphorus. In wines containing a large amount of alcohol, and which was artificially added to them after their fermentation and removal from the grapes, as is often done with sherry, malaga, port, and even with Tokay too, in such wines there will be very little lecithin, or none at all.

Care must be had to preserve the active plant-stuff, the plant lecithin, and great caution must be exercised in subjecting the wines to those treatments that are designed to protect them against diseases and give them keeping qualities. To these belong: Pasteurization of the wines; the heating of the must by the subsequent addition of new yeast. There are no doubt good methods for the destruction of the injurious fungi which are the causes of the best known wine diseases, or to prevent their further development. But with the same methods there is liability of destroying the medicinal property of the wine, the lecithin which decomposes at 122F. When, therefore, the wine lacks in this organically bound phosphorus, then the antialcoholists and also some renowned physiologists, are right in saying that wine has no effect other than alcohol diluted. Let, therefore, the wine retain its own constituent parts, and it will in the future as it always did in the past, serve humanity as a great nutritious and invigorating agent. —*Therap. Monatsch.*, 1905.

THE WHIRLING MOTION OF CERTAIN SUBSTANCES ON A WATER SURFACE.

Many pharmaceutical products when thrown upon a water surface show a more or less lively whirling motion peculiar to each one of them, and are as characteristic as any other property.

Citric acid, succinic acid, malic acid, whirl, but oxalic acid and tartaric acid do not.

Codeine, veratrine, cocaine, atropine and hydrastinine show such motion, but cinchonine, cinchonamine and narcotine do not.

The hydrochloride of heroine, whirls very lively, but the hydrochloride of peronine does not stir.

Sulphonal moves feebly, but trional and tetronal move very lively.

Salol and betol are motionless, but their constituent parts (salicylic acid and phenol betanaphtol and salicylic acid) show that motion perfectly.

The following substances gyrate very lively: Urethan, chloral, chloral-urethan, chloral-antipyrin, antipyrin, pyramidon, aspirin, acetanilid, phenacetin, diaphtherin, cocaine hydrochloride, eucaine, quinine hydrochloride, thebaine hydrochloride, quinine hydrobromide, and cicutine hydrobrom-

ide, quinine valerianate, menthol, naphthol, thymol, pyrocatechin, resorcin, hydrochinon, camphor, vanillin and cumarin.

The following substances gyrate feebly: Kryogenin, santonin, hydrastin, salicin, and papaverine hydrochloride.

This peculiar property is also observable in aloes, soap, barium, bromide of tin and others. Certain tar colors which whirl will give us an explanation of this phenomenon. Fluorescein, malachite green, and aurin, when finely powdered do not gyrate, but single crystalline fragments of these will show the gyration well.

A. Baltudier thinks that volatilization is the cause of this gyration and cites camphor as an instance, and the experiments of Benedict-Prevot, which showed many volatile substances as well as bits of sponges soaked with ether to gyrate. A rise of temperature and anything that will promote volatilization will, according to Bais-Girand and Joly, increase that gyration. It is thought also that recoil is the cause, and a little mill is shown whose fans of cork carry always a bit of camphor. But soap, citric acid, codeine, and the tar colors are not volatile and gyrate, while naphthalin which is volatile in high degree does not gyrate on a water surface.

It is well known that a mere trace of a fatty substance will spread out on the surface of water, and on such a layer no gyration will take place. Scatter fatty sawdust on a water surface and it will whirl as well as camphor, but as soon as the fat had spread all over the water and it became covered with what is called a "surface solution" then the whirling ceases. And yet the amount of fat in this experiment is exceedingly minute, but not infinitely minute. Put now the quietly lying particles on fresh water and the whirling begins again. Saponin, French digitalin, amorphous and crystallized, act as fat. Ether, alcohol, and acetic acid act in the same way, but only for a short time, until the surface scum has evaporated, or become dissolved.

If a crystallization dish be half full of water and a small crystal of malachite green, or fluorescein be put on the water there ensues a lively whirling of the crystal. Then you will see by the coloring, that minute loamy particles detach themselves spirally from definite points of the substance, which particles are dissolved by the surface solution, and this repulsion is that which produces the gyration. Then when this solution had covered the entire water surface the gyration ceases, and it will begin again when the substance is put on fresh water. Or the cessation will last as long as that which was dissolved on the surface either sinks down into the lower strata, which may take a long time, or till the surface solution volatilizes or dissolves, which volatilization takes place with camphor very rapidly and the gyration will go on uninterruptedly.

Different observers constated, that camphor does not gyrate in an atmosphere which is saturated with camphor vapors, and this agrees well with what was said before.—*Bul. des. Sciences Pharmacol.*, 1905, 17, C. H. No. 19, 1906, p. 378.

ABSORPTION OF POTASSIUM IODIDE SALVE.

Drs. Hirschfeld, Pollis, and A. Heffter discuss the question in *Arch. F. Dermat, u. Syph.*, Bd. 72, H 2. The authors confirm the statements of Lion, that iodine can be found in the urine after the application of large quantities of potassium iodide vaseline, and the absence of iodine if made up with lanolin and resorbin. But they come to the conclusion that it is not potassium iodide as such that is being absorbed, but that when it comes in contact with the skin the iodine

The mortality of the lake cities is less by 35 per cent than that of river cities, Phila., St. L., Pitts., N. O., and Wash.

The mortality of seaports, N. Y., Boston, Balt., and San Francisco is 31.4 per cent higher than that of the lake cities.

splits off and it is absorbed. The splitting off does not take place in the ointment itself, but only when on the skin. It showed itself furthermore, that a ten per cent potassium iodide lanolin salve will also split off iodine and allowits absorption when there is added to it ten per cent lanolin, olive oil or vaseline.

The extent of surface to which the salve is applied is of less importance than the concentration. A smaller skin surface treated with a ten per cent ointment is more certain of absorbing iodine than larger surfaces would a similar quantity of iodine, but in a one per cent ointment. The authors come to the conclusion, that there must be a certain amount of skin irritation present, which need however not be to the extent of epithelial detachment, in order to produce results. But the inflammation alone is insufficient to explain the absorption of iodine by the skin, except that when iodine is split off it readily unites with albumin.—*Wiener Med. Wochenschrift.*, 1906, pp. 96-97.

DIURETIN AND UREA AS A DESIRABLE DIURETIC.

A diuretic that stimulates the renal epithelium only is always desirable. Here caffeine, which is used so much, has the disadvantage of stimulating at the same time the vasomotor centers in the central nervous system. To obviate this evil cognac is usually added to the caffeine in order to retain the dilation of the bloodvessels. The alcohol is of course objectionable frequently. J. Zajaczkowski had recourse to diuretin which he combines with equal parts of urea, in 0.5 grams (gr. 7 1-2) *pro dosi*, four, six, up to eight such doses in twenty-four hours. He recommends the remedy to be taken three hours after meals so that the HCl of the gastric juice should not set free the salicylic acid of the diuretin.

With the above combination Zajaczkowski obtained after three days' administration a diuresis three times stronger than it was before. The remedy served well not only in deficiencies of aortic and mitral valves, but also in hepatic contractions, in which diuretics are usually inactive. Even in five cases with peritoneal exudations, which were tapped, the diuresis was stimulated with the combined remedy, so that the rest of the fluid was excreted in that way.—*Wien. Med. Presse*, in *Pharm. Centrh.* p. 243, 1906

THE PURITY OF UROTROPIN OR FORMIN.

Urotropin is much and deservedly used, and goes under various names, some of which are cystogen, formin, aminoform, hexamethyltetramine and others "too numerous to mention." It is liable to be impure and therefore desirable to have a test for it. I glean the following from *Pharm. Centralhalle* for March 1906, p. 217.

The salts of ammonia, amide and paraformaldehyde, are the usual substances with which urotropin is contaminated, and those react to Neszler's reagent. (See U. S. Pharmacopeia, eighth Revision). If therefore to an aqueous solution of urotropin be added Neszler's reagent and the solution assumes neither a yellowish brown nor brown tint, and does not precipitate mercury, it may be taken for granted that the urotropin is pure.

HEMORRHOIDAL HEMORRHAGE.

Boaz recommends against this the injection of a solution of calcium chloride into the rectum, as an excellent remedy which rarely disappoints. It is specially commended in chronic and exhausting hemorrhages. Hemostasis is a special property of calcium

Satinwood shuttles in Lancashire factories are poisoning workmen, the wood containing a cardiac poison.

Robert Levy writes (*J. A M. A.*) that he too failed with pollentin in hay fever till he went to Dunbar and learned how to use it right.

salts. This effect stands in close relation to the fibrin ferment.

The technic of the injection is very simple. Of a ten per cent aqueous solution of calcium chloride, twenty grams (drams five) are injected with a small rectal syringe, and the injection is retained. In very great hemorrhages the injection is repeated at bed time. The injections are suitable also in other rectal bleedings, e. g. rectal cancer, and in uterine hemorrhage. The impure calcium chloride produces often pain and burning, and therefore only the chemically pure article should be used.

Boaz recommends to continue the injections for some time after the hemorrhage ceases, and in severe cases for about four weeks daily, and later two or three times a week.—*Pharmac. C. H.* No. 17, p. 343, 1906.

ABYSSININ.

This body, which was derived by Brieger and Krausse from the Bagamoyo acocanthera, is reported upon by M. Freund in the *Zeitschrift F. experim. Pathol. u. Therap.* It is contained in the arrow poisons of the natives of German East Africa. The author made numerous tests with it on frogs and rabbits, and found it, as expected, very similar in action to the well-known preparations of digitalis and strophanthus. The numerous curve tracings accompanying the report illustrate the fact.—*Centralhalle*, 1906, p. 69.

EPIDURAL INJECTION.

[We call it more correctly "Subarachnoidal Injection," since the fluid enters the dural sac therefore the operation should be called "Entodural."—GLEANER.]

In the clinic of Von Mosetig in Vienna, Austria, thirty patients with enuresis were treated with this method with the result of 81 per cent of permanent cures, and 17 per cent improvements. The curative effect was often observed after the first injection, and was not to be regarded as a result of suggestion since it seemed to have been connected with vesical hyperemia. Hirsch who reported the above to the Surgical Division of the 1905 Assembly of German Naturalists and Physicians at Meran, So. Tyrol, recommends the harmless and undangerous injections in the painful affections of sciatica and tabetic crises, and also as an appropriate way for the absorption of medicinal fluids.

The favorable result was confirmed as to enuresis, but as to painful affections, it was regarded as only transient.

The sceptical question was made how one could know when the needle is in the epidural sac. [Entodural would be far more correct.] To this the reporter replied, that one can feel it when the needle point transfixed the membrane, also when the point strikes the anterior wall of the sacral canal. The orientation is, however, not always easy in a fatty condition of the soft parts.—*Wiener Med. Wochenschrift.*, No. 2, p. 86.

STROPHANTHIN.

Prof. Gilg says in the *Muench. Med. Wochenschrift* No. 50, 1905, that the drug Strophanthus kombé is unreliable. On the other hand, it is possible to distinguish easily the Strophanthus gratus by its marked seed from all other strophanthus seeds. The gratus strophanthin which is derived from the Strophanthus gratus acts very rapidly and in very small doses typically on the heart's muscle. Gratus strophanthin in one per cent solution in drops is indicated in all weak conditions of the heart.—*Wiener M. W. S.*, No. 42, p. 2076.

It is much easier to condemn a new therapeutic method on insufficient data than take trouble to use it right.

Whenever the medical colleges open their doors to men and women the schools exclusively for women have to close.

MISCELLANEOUS ARTICLES

ARBUTIN IN CYSTITIS, HEMATURIA AND BRIGHT'S DISEASE.

Y. C., age 35, married, occupation stockman (cow-boy) came to me June 27, 1906, suffering from an acute gonorrheal attack, complicated by acute cystitis with hematuria.

He related his case as follows: In the spring of the year, in March, he was out in Idaho herding sheep and cattle. He was suffering at the time from a slight subacute cystitis which became aggravated through constant horseback riding in all kinds of weather, until he was finally compelled to give up, being in constant misery from a persistent strangury and having lost control of the vesical sphincter. He also passed large quantities of blood.

He came to Chicago in a very weak and debilitated condition, but under rational treatment and rest improved in a short time. He then committed the unpardonable indiscretion of entertaining some of his western friends and in about four or five days later found himself suffering from a very malignant form of acute gonorrheal infection. In this dilemma he came to me for treatment.

Examination revealed the usual, typical thick, yellowish-green pus discharging from the meatus of the urethra. General condition very much below par. He was unable to hold his water very long, constant desire to urinate. Bloody urine and no appetite. Sleep very poor and interrupted every hour by tenesmus. He was very nervous and restless, and there was a characteristic anxious facial expression of despondency. Examination of urine revealed the presence of albumin, 10 per cent, and that it was loaded with pus and blood corpuscles. The diagnosis, of course, was acute nephritis, cystitis and urethral gonorrhea.

The patient was ordered to go to bed and remain there, to exercise masterly inactivity and observe an absolute milk diet. Furthermore, he was given a mixture of camphor monobromide and henbane with liq. potassi, also a laxative, the effervescent saline laxative of Abbott. After three days of this treatment the patient improved wonderfully. The urine became more normal and the irritation of the bladder subsided with the inflammation. Sleep was natural and only interrupted once or twice by vesical spasm. After one week the patient was able to be up and take moderate exercise.

The examination of urine July 2, the fifth day, still showed about the same percent of albumin; although no casts of typical character were found the presence of cylindroids and renal epithelium proved the nephritis to be no better. It was clearly a serious condition liable to get beyond control if not stopped short by heroic treatment. Furthermore, the hematuria which had been almost entirely overcome appeared again, the discharge of blood as profuse as ever.

July 9th. At this time the patient was given granules of arbutin, gr. 1-6, with instructions to take one every hour, or two granules every two hours during the day and two granules when awaking at night. He was advised to drink a large goblet of

lithia water with each dose. Diet was to be as nearly as possible milk only, diluted with mineral water. Only light gruels or broths were allowed, until the condition improved sufficiently to warrant a more varied menu.

The effects of this method of treatment were marvelous. The end of the week, July 10, found the patient feeling fine, in exuberant spirits and impatient to return to work. The urine was entirely free from blood, had been almost clear for several days. Analysis showed the albumin to be less than one per cent, only traces of renal epithelium and less blood and pus cells due to the gonorrheal urethritis, which was rapidly disappearing.

The patient went to work in the stockyards the middle of the fourth week, against my advice. He continued to take the arbutin, two granules four times daily for some time, having instructions to report at once if he found any signs of returning hematuria. The last time, July 20, the patient called, he was very enthusiastic over the prompt relief from hematuria, which symptoms it seems had badly scared him. He informed me that he had been subject to attacks of mild cystitis accompanied by hematuria at different times after severe and prolonged riding in high pommel saddles, but had never been bothered with it after resting up a few weeks. In this last attack, however, he had suffered acute pain and the bleeding had persisted to an alarming extent in spite of all the treatment he had been given by different doctors on the ranch and in neighboring towns.

A final analysis of the urine was made July 22, and the albumin was only present in minute traces while there was still an appreciable number of blood and pus corpuscles from the urethral inflammation. The microscope also revealed the presence of gonococci. It is to be regretted that very few patients can be persuaded to continue treatment until absolutely free from all traces of the gonococci and this case proved no exception. I have not seen the patient since the day mentioned, hence cannot positively declare him absolutely cured.

In reviewing this case it is of interest to note the positive and prompt action of the alkaloidal method from the time the first dose was administered. After six doses of the arbutin, gr. 1-6, had been taken, the hematuria, which had been stubbornly persistent, disappeared. It was not a temporary effect but there was not any return of the trouble from that time on. At the same time the other symptoms of nephritic inflammation gradually subsided, bringing about almost complete recovery in a few weeks. During the entire twenty years of my practice I have not had any remedy act with such quick and good results.

In reciting this clinical history I am aware that it is folly to judge the value of any treatment by the results in one or even several cases. Nevertheless, the outcome was so satisfactory and pleasing that I shall certainly give the remedy further trial whenever opportunity presents itself.

JOHN W. KOEHN.

Chicago, Ill.

AN ANSWER TO DR. MEYERS.

The criticism the doctor gives in October CLINICAL MEDICINE, of the use of sulphocarbolates in the treatment of typhoid fever is beyond my comprehension. I am sure if he had followed out the oft-repeated suggestion of "dose enough" he would have had a different story to tell. Either

Phthisis:—How about the poor—they who like dumb cattle are driven by their necessities into the very face of death?—Flick.

Scillitin slows the heart and increases the force of its contractions more than either digitalin or strophanthin.

he did not give dose enough or he had an inferior drug. That made by The Abbott Alkaloidal Company is the only drug to rely upon as being pure and fresh. In the last seven years of my practice I have used nothing else and during that time have never lost a case of typhoid fever.

When called to a case the first thing I do is to give gr. 1-6 of calomel and gr. 1-6 of podophyllin every half hour until six or eight doses are taken; the last dose being followed by saline laxative to "clean out and clean up." Then I give sulphocarbolates in dose enough to "keep clean." By "dose enough" I mean to give enough so that all odor is removed from the stools or very nearly so. This will vary in some patients and may require from thirty to sixty grains a day until convalescence. If that is not enough give more until the desired effect is obtained, then reduce it to dose enough to maintain that effect. I generally use the triple salts, but if this is not astringent enough I give the zinc sulphocarbolate alone, or alternate it with the triple salts, as required. A daily morning dose of saline laxative to clean out the bowels is my plan in every case.

As to aconitine, I must confess that you [illegible] break up the fever in typhoid cases [illegible] drug alone, but you can keep the temperature [illegible] below the danger point by also giving dose enough. In mild cases aconitine is not required as the main point is to sustain the strength of the patient as much as possible by nuclein liquid peptonoids, milk broths and strychnine arsenate and cactin in the later stages if required.

I never give any stimulants, such as whisky, unless the patient has been a whisky drinker, and then in moderation. But I do this only when I get patients who were whisky drinkers and when they insist upon having it, and in no other cases. When fever is high I can always control it by cold water sponging or by an icecap to the head, or by applying cold cloths to the abdomen. It aconitine is required I always give the dosimetric trinity so as to avoid depression.

For tympanites a turpentine stupe will generally relieve at once. They can be repeated when required.

Now after all these years of preaching to the CLINIC readers of "dose enough," and after all the favorable reports of hundreds of honest, reliable doctors that have saved thousands of their patients from death from this disease, and after all the proof that this disease can be aborted if properly treated in time, I claim it impossible that any physician who has followed out the treatment here outlined should fail to get the results that I get, as well as all our other brother physicians get who have been reporting their successes in CLINICAL MEDICINE. I, therefore, ask Dr. Meyer to get a full supply of the sulphocarbolates with the other drugs mentioned in this paper and give them another trial. If he will but push the medicine to effect he cannot help but be successful in treating this disease. I again repeat what has been said thousands of times. "Clean out, clean up and keep clean."

W. F. RADUE.

Union Hill, N. J.

ALKALOIDAL TREATMENT OF TYPHOID.

The articles of Dr. I. N. Meyers and Dr. D. W. Reed in the October number of CLINICAL MEDICINE run [illegible] contrary to my experience that it seems a few words would be of service to others. I am aborting every case. Seven days has been the longest time so far.

Treatment consists of calomel and podophyllin, gr. 1-6 each for six doses at the

Elimination and cleanliness of the primae viae are practically the Alpha and Omega of prophylaxis. —Gray in *Albright's Office Pract.*

West advises pilocarpine in diabetic and uremic coma, full doses, more reliable and less dangerous than jaborandi.—*Clin. Jour.*

very start; then half an hour later saline laxatives; now commence with dosimetric trinity every half hour, adding at each third dose aconitine gr. 1-134 and in quarters between the dosimetric give intestinal antiseptics (compound sulphocarbolates) gr. 5. Nothing more. Fifty to sixty grains of the sulphocarbolates none too much. The third day generally shows temperature and pulse normal. Diet consists always of albumin water half-hourly alternating with ounce doses of this drink: One egg thoroughly beaten up, one ounce of good whisky, four ounces of cream and enough hot water to make eight ounces. My experience with the acid-drink diet has not been satisfactory. No beef broths until normality. My last case was a man of 54 with pneumonia added and he was at his work on the eighth day.

J. K. Neuman.

Omaha, Nebr.

—:o:—

So say the brethren who use the sulphocarbolates and other indicated remedies in their typhoid cases—not Drs. Radue and Neuman only, but *all* those who use them according to indications, with proper attention to el'mination and systemic support—and *to effect.*—Ed.

VARIATIONS IN THE STRENGTH OF TINCTURE OF OPIUM.

The following paper may be of interest. It was written while the author was doing work in the Pharmacy Department of the Detroit College of Medicine in 1902.

Having read in The American Journal of Clinical Medicine of the many variations in the strength of tinctures I thought a brief description of my experiments with tincture of opium might be of interest.

In the open market I bought ten samples of laudanum or tincture of opium. This preparation has a prescribed standard given in the U. S. P. It is used extensively, both internally and externally, and as a rule a bottle of it can be found in any household. In passing it might be well to notice that it is one of the most common drugs for suicides to use.

The amount purchased was 50 Cc. which for reasons of economy was used instead of the 100 Cc. as given in the U. S. P.

The price varied from ten cents to twenty-five for the 50 Cc. The color varied from an amber to a deep red-brown. Another difference was in the labeling. Out of the ten samples, four had the antidotes and directions for use attached, three had the name and dose, and three had simply the name written in on the label.

The U. S. P. reads as follows:

"If 100 Cc. of the tincture of opium be assayed by the process given below, it should yield from 1.3 to 1.5 Gm. of crystallized morphine."

"Directions: Tincture of opium 100 Cc; ammonia water, 35 Cc; alcohol, ether, water, of each a sufficient quantity.

"Evaporate the tincture to about 20 Cc. Add 40 Cc. of water, mix thoroughly, and set the liquid aside for an hour, occasionally stirring and disintegrating the resinous flakes adhering to the capsule. Then filter and wash the filter and residue with water, until all soluble matters are extracted, collecting the washings separately. Evaporate in a tarred vessel, first the washings to a small volume, then add the first filtrate, and evaporate the whole to a weight of 14 Gms. Rotate the concentrated solution about in the capsule until the rings of extract are redissolved, pour the liquid into a tarred Erlenmeyer flask, having a capacity of 100 Cc., and rinse the capsule with a

Hay Fever:—Barnhill got best results from sprays and ointments of quinine, better than from pollantin.—*Lancet-Clinic.*

Absence of HCl from the stomach may mean cancer, but the presence of it in excess does not prove the contrary.—Haines, *Lancet-Clinic.*

few drops of water at a time, until the whole solution weighs 20 Gms. Then add 10 Gms (12.2 Cc. of alcohol) shake well, add 25 Cc. of ether, and shake again. Now add the ammonia water from a graduated pipette, stopper the flask with a sound cork, shake it thoroughly during ten minutes, and then set aside, in a moderately cool place for at least six hours.

"Remove the stopper and brush any adhering crystals into flask. Place in a small funnel two rapidly acting filters, plainly folded, one within the other, wet them well with ether and decant the ethereal solution as completely as possible upon them. Add 10 Cc. of ether, and repeat this operation twice. Then pour the rest of the liquor on the filter and transfer any remaining crystal by washing out the flask with 10 Cc. of water. Allow the filter to drain and wash with water and then afterward wash with a saturated solution of morphine in alcohol. Displace the remaining alcohol with ether. Allow the filter to dry at a temperature not exceeding 140° F. and then weigh. The weight found represents the amount of crystallized morphine obtained from 100 Cc. of the tincture."

Result of assay of ten samples of tincture of opium:

				PER CENT.
Sample	1	192	Milligrams	.386
"	2	.935	100(cc.) "	.935
"	3	1,217	"	1.217
"	4	502	"	1.004
"	5	361	"	.722
"	6	389	"	.778
"	7	385	"	.770
"	8	230	"	.460
"	9	377	"	.754
"	10	308	"	.616

By the above list you can see that only one came near the required amount.

This is certainly an argument in favor of the alkaloids.

WILLIAM J. STAPLETON, JR.

Detroit, Mich.

It certainly is! If other galenical preparations vary as widely as the tincture of opium (and many of them do—even more) it's no wonder that physicans who use them "have no faith in drugs."—ED.

NECROSIS OF TIBIA—THE NEW ANESTHETIC.

I wish to say to the readers of CLINICAL MEDICINE that I have used the hyoscine-morphine-comp. in a severe case of necrosis of the tibia and bones of the foot and that anesthesia was as perfect throughout the operation, lasting nearly two hours, as it would have been under chloroform or ether. Three doses were given within as many hours. C. E. COLE.

Prairie du Chien, Wis.

THE CLINIC FATHERS.

In 1897 I first began to read THE ALKALOIDAL CLINIC, and very soon three of its writers, through their strong personality, began to attract me somehow. These from the first stood out distinct, although there were a number of able, frequent contributors, Dr. Coleman of Texas, Dr. Brodnax of Louisiana and Dr. Epstein of West Virginia. These men gained such a hold on me that their papers and their words were the first I looked for and if I had the gift of poetic expression, these three worthies and their work would be an excellent theme. They were men advanced in years, evidently, yet such boldness and originality of thought, such freshness of expression, and such devotion to the newer therapeutics would have done honor to young men. It was such manifestations of strength at the more southern end of the country that served as a balance and kept the Lake Michigan contingent from

Most pitiable that a leper should be hounded from state to state and refused treatment and protection.—*Boston M. & S. Journal.*

Dr. Brush as mayor of Mt. Vernon met the ice trust by instituting an independent ice plant. More power to you, Doctor.

destroying the equilibrium and causing a dip towards the Aurora Borealis.

Personally, through correspondence, Dr. Brodnax became very dear to me and I had hoped to be able to visit him. His lamented death was a loss personally and in a larger sense was a loss to American therapeutics. Such men are the princes and kings. The palace may be a mansion in the city or a lowly cottage in the backwoods country place, but about it is sacred ground, for it is where one of the noblemen of earth has walked and lived.

The remaining one of the trio lives to add to the scholarly store of every reader of CLINICAL MEDICINE. Born, I infer in a cold climate, it was wise to get him to a region of ice as well as wind. It must be the special care of the CLINIC people to see he is well treated. I feel he must stay here as long as possible.

M. T. F.

——, Missouri.

—:o:—

A well-deserved tribute to three great men, one of whom still remains to us. Long may he remain to cheer and aid us in our work. And give us more earnest, whole-hearted, hard-thinking men like these. We need them!—ED.

THE GREAT AMERICAN FRAUD.

In a late number of CLINICAL MEDICINE we expressed the wish that the articles by Samuel Hopkins Adams which have been appearing in *Collier's Weekly*, under the title, "The Great American Fraud," might be republished in pamphlet form for free distribution among the laity. We are glad to learn that they *have* been so prepared and that they are obtainable from the *Journal of the American Medical Association*, 103 Dearborn Ave., Chicago. This pamphlet contains "The Great American Fraud," "Peruna and the Bracers," "Liquozone," "The Subtle Poisons," "Preying on the Incurables," "The Fundamental Fakes"; also "The Patent Medicine Conspiracy" and some extracts and pictures from the *Ladies' Home Journal*. Every doctor in the country should make it his business to see that these papers receive wide circulation. The pamphlets are sold at seven cents a copy, seventeen copies for a dollar, $3 a hundred, or $20 a thousand.

A DOCTOR'S LIFE IN THE PHILIPPINES.

(Concluded)

Captain Wheate (no relation) relieved me on the 14th of February and I immediately started for this place. Taking ship from Vigan the route is north, and lays close along the coast where one sees an endless chain of coral beds with a background of mountain ranges looming up, one behind the other, each one rising a little higher than its predicessor, until the summits of the last one visible are lost to sight among the clouds that envelop them.

It is thus all over the island, for the islands are nothing but mountains which gradually slope to the sea; yes, and far out into it, along the coast one can see solitary peaks sticking up out of the water at low tide. Seeing this, one can easily call to mind the picture of the awful struggle of the war of destruction that has been waged for countless ages by the ocean's army of waves and billows slowly but surely wearing away and finally submerging what was once a noble mountain, which for centuries had looked out across the vast expanse of waters, which had seen the old ocean in all its capricious moods from the azure blue of a dead-sea calm to the blackness of a rag'ng typhoon, which had stood at its post unflinchingly raising its

Veratrum is used in Italy for epilepsy with success but has been dropped from the British Pharmacopoeia.—*Hospital.*

A woman, 40, constipated 6 days, became suddenly insane; all symptoms disappearing promplty when bowels opened.—Solders.

mighty brow to the storm's fury and bidding defiance to it only in the end to be changed from a thing of grandeur to a hated sunken reef whose monstrous teeth will rend and tear at the vitals of every ship that is thrown or unwillingly glides into its clutches.

After steaming along this coast for a distance of two hundred miles we came upon one of the most beautiful scenes that I have ever witnessed. It is seen as the ship enters the mouth of the Cagayan river—a typical tropical delta. The mouths of this river taken all together are about two miles wide and are almost choked up with swamps and islands formed by the constant piling up of sand and tropical vegetation washed up and brought down from above. These islands and swamps are covered with grasses, tropical flowers and bamboo thickets, and laying within this morass with beady eyes is the mightly cayman or crocodile. Above all one sees the cocoanut palm rearing aloft its heads far above the sluggish stream that flows sullenly past and on to mingle with the salt water of the ocean, not without a struggle, though, for the ocean, as if objecting to this, raises disdainfully its great waves above the outflow of the river, curling and rolling them over and over until finally with its last effort the waves are pushed far up on the sands of the shore at your feet from where they slide slowly back leaving the sands washed clean and white, covered with the little sea-shells, weeds, pieces of coral and other of the ocean's treasures that it sometimes sees fit to give up.

Ships go up this river as far as Lalloc, which is a city of warehouses, being the shipping point of the Tabacalera people. These people are a company of men who own or have control of nearly all the tobacco that is produced in the Islands. They own many ships and are very wealthy. Nearly all are Spaniards. From this place one must take a river steamboat, which most of the year can only go about fifty miles up stream, as the river is very low except during the rainy season, when it is at some places very deep and forty miles wide.

Alcala is the town where the steamboat stops; the rest of the trip to Tuguegarao at this season of the year must be made in a barangay; this is a large flat-bottomed boat, very light draught, and made on the order of a skiff. It has a platform built all around on a level with the top of the sides and projecting out over the water; the platform is made of long pieces of bamboo, laid lengthwise, and is about four feet wide. It is used for the deckhands to walk back and forth upon as they pole the boat up stream.

Each man has a bamboo pole eighteen or twenty feet long, shod with an iron spike at one end, and with a knob at the other. The boatman drops the spike end into the water until it strikes the bottom; beginning at the front end of the boat he puts his shoulder against the knob, bends down until his hands are upon the platform, where he grasps the pieces of bamboo and pulls, at the same time pushing with his feet until he has walked the entire length of the boat. Of course the man does not move but simply kicks the boat out from under his feet and up the stream. When the rear end of the boat reaches him he walks back to the forward end, drops the pole into the water, and again repeats the above narrated procedure.

In this way one slowly makes his way up stream. I was three days in reaching Tuguegarao and that was considered fast time. There is also a sail on this kind of boat but the river is so crooked that the wind will not be blowing in the same direction thirty minutes at a time, so far as the direction of the boat is concerned.

Epilepsy is largely influenced by the condition of the alimentary canal. I always ask of the color and odor of stools.—Putman, *Buff. M. J.*

Epilepsy:—In a large majority of cases attacks increase in frequency when bowels contain feculent stools.—Putman.

Well if you all are not getting tired of this letter I will tell you something about the Cagayan Valley.

I will tell you all about it some time in the future if you care to hear it. Everything is different up here from what it was around Vigan, so I will have learned a good deal more by the time I learn from you whether you have recovered from this dose or not. I have two reports of expeditions made by me among the mountain tribes here in Luzon. If you want them I guess I can fix them up for you. I also have a copy of an article entitled "The Calinga". It is nothing about medicine but probably will be interesting to you, so if you care for it let me know.

I will stop just as soon as I tell you one more experience. Some few days ago I had the pleasure of participating in a deer hunt. There were fifteen Americans and eight Filippinos in our party. We left Tuguegarao at four o'clock Saturday evening, rode two miles to the Cagayan river where we had to get into a little banquilla, which is a boat made out of a single log with pieces of bamboo bound lengthwise on the sides to keep it from turning over. The ponies were unsaddled and swam alongside the boat led by a rope; the motive power for the boat was a pole and a carabao, the animal swimming ahead with the native boatman in the front end of the boat holding to the carabao's tail.

After crossing, the ponies were saddled up and we rode across the Cagayan valley until we reached the range of mountains on the side. There we had to dismount and climb nearly straight up for a distance of seven hundred feet, the little ponies beating us to the top by ten minutes; they climb like cats and are very intelligent. The people tell me here that a carabao can climb where a pony can't begin to go. I have never seen one do it, and don't see how it is possible, for a carabao looks like a small elephant to me, and if he was a wild one and I was not up a good sized tree I guess he would look a good deal larger. It has not been my fortune or misfortune to run across a wild one yet.

After reaching the top of this range of mountains we gradually dropped down into another beautiful valley, or I should say prairie. We rode until eight o'clock and reached a little town or barrio, which is a collection of native houses, where we stayed all night and where the hunt was to start from. After we had eaten supper the queen of the barrio was brought in and we all had to kiss her, which was something that afforded some of us a good deal of amusement. Lieutenant Green and myself and one other of the party were accustomed to the native's ways, while the others knew nothing about them, as they were mostly schoolteachers and very precise; but they had to take their medicine. It is as I told the others afterward, that under the same circumstances I would have kissed the devil. It would have been a great insult to have refused to kiss her or in fact to break any other of their customs,—and then there were about a hundred of the savages sitting around with their spears and head axes shining so you could see your face in them; and it would have broken up the hunt. Besides she was good looking anyway.

After that everyone of us had to dance. This part was almost as funny as the other, for none of us could dance the way they did, so we had to get out on the floor one at a time, and hop around and do the best we could. The natives are all good natured and they had nearly as much fun as we did. We each one just had to dance; if one did not want to they would all get hold of him and pull him out on the floor.

We got to sleep about three o'clock, got up at five, ate a little breakfast and started

Epilepsy:—Repeated purgatives, intestinal antiseptics, good hygiene, hydrotherapy, life in country, the basis of rational treatment.—Voisin.

Erlenmeyer says that when morphine has been withdrawn from a habitue, campbor is an excellent heart tonic and vasoconstrictor.

to the hunting grounds which were about two miles away. It was a curious procession. Besides our original crowd there were enough mounted men with spears to make forty men on horses; then there were ten men on carabao loaded with nets, and the rest were the beaters with dogs, empty coal-oil cans and short spears. No native is allowed to possess a fire arm and they do not need them. The spears that the men carry who ride ponies are about fifteen feet long and consist of a small point six inches long and two or three across, then a shaft of bamboo, at the back end of which there is a long piece of round steel three feet or more in length made about like the lances of olden time; this steel is to give it weight. The short spears of the beaters are made the same minus the heavy piece of steel and are used to spear the deer that run into the net.

The hunting ground picked out in this hunt was a thick growth of trees and high grass along a small stream. The nets were stretched across the run-ways on each side then the beaters were called in about a mile above, the mounted spearmen sitting on their horses about a half mile back on the prairie, we Americans scattered along as we pleased all the way down the sides of the brush. Before we got stationed I rode over a deer, shot at it four or five times and missed him. All the others that were in range took a shot but the deer kept on going until he got down close to the spearmen. They killed him in short order, two of them spearing him at the same time.

It is certainly fine to see the little hunting ponies take out after deer just as soon as they see him, catch up with him, and see the native drive his spear through him. Sometimes the ponies will see the deer before the rider does. One of the Americans who had a fast pony wanted to see if it could catch a deer, so he swapped and told the native to see if he could kill a deer on him. The horse that the American got was a regular trained hunting pony. The first deer that he saw was a signal for him to get busy and you should have seen him run. About the sixth jump the American fell off and rolled in the grass. The pony did not even look back but caught up with the deer and staid with him until the two men speared the deer. It didn't take the American long to go and get his own horse.

The spearmen killed five deer and two were caught in nets. I saw six in all, shot about twenty times and only killed one. I didn't have anything but a Colt's automatic revolver and was shooting off from a horse all the time, so I guess I was excusable. I am going to take a shotgun along the next time. I could have killed all six of the deer that I saw if I had had one. I am going again on the twentieth of this month as I wish to kill a wild carabao and a wild boar.

THOMAS E. MOSS.

Tuguegarao, Cagayan Province, P. I

MALARIA IN ITALY.

In the active campaign against malaria waged in Italy during 1905, some interesting points have been established. Malaria is more severe among miners than among the farming population of the same district. The mortality has been largely diminished since the State supplies quinine at a moderate cost. Chocolates of quinine tannate have proved exceptionally useful, because children take them readily, and the slowness of absorption increases the efficacy. For recidival cases no remedy has been found, quinine up to 1-2 drams daily for months, by mouth or hypodermically, with and without arsenic, having failed. It would be interesting to know (which the *Lancet* correspondent does not state) whether better results would not

The specific indication for conium (cicutine) is excessive motility; often noisy, acute maniacal excitement.—McMillen, *Ecl. M. J.*

It is extraordinary that leprosy should maintain its place in the popular mind as a personal menace —*Boston M. & S. Journal*

be secured if the bowels were cleared and disinfected before administering quinine. The subject of sulphide saturation to protect against the mosquito does not seem to have penetrated to the Peninsula.

THE ABORTION EVIL—HOW SHALL WE STOP IT?

The writer enjoyed a vacation of four weeks in Chicago during the month of August. Chicago is a great medical center and it will pay any doctor to spend a little time there occasionally. It was the writer's pleasure to see and hear a number of celebrated men. One of these was Prof. C. S. Neiswanger and a remark that he made leads to the writing of this article. Dr. Neiswanger remarked that a doctor's women patients are made up of two kinds: those who desire to have children and those who do not wish to have children, with the latter in the majority.

The writer has been in practice three years and has enjoyed his work very much. The only unpleasant features connected therewith have been brought about by just such women "who don't want children." Why will this class of women bother the life out of a doctor? They never tell the truth. They are never in "a family way" and the suppression of their menses is always due to "a cold."

It has always been the writer's practice to talk to these women in a kindly way. They are shown that they are not only asking the doctor to kill a defenseless child but also that they themselves might die if anything was done by themselves or some one else to bring on their changes. If kind words won't do they are told of the large number of fatal cases that occur, how they may have to undergo an operation, take chloroform and go through a siege of sickness. Further, that their neighbors and friends will certainly surmise what has caused the woman's illness and that nobody thinks very much of a woman or a doctor who will do this kind of work.

About fifty per cent of these women go away satisfied and eventually have their children. What do the other 50 per cent do? They usually go to Buffalo, a short distance from here, call on an abortionist and have accomplished what they desire. Others, advised by some woman friend who has been in the same condition, go to the drugstore, buy an English linen catheter and pass it into their uterus. Others look up some female regulator advertised in the daily papers and drug themselves until their changes show up.

The writer has been fooled just once, and that was about two years ago when a young married woman wanted to "have her womb put back into place." She had a retroversion and had probably been told of her condition by some other doctor. However a uterine repositor was used and the real object that the woman desired was innocently brought about by the doctor. Since that time the writer has made it an ironclad rule never to enter the uterus with any instrument unless he is absolutely certain that pregnancy does not exist.

How can abortions be prevented? There probably has been as much written on this subject as there has been on the prevention of venereal disease with about as much result: (1) The law should be made more stringent and the sale of the large class of regulators advertised to the laity should be prohibited. Any paper printing such advertisement should be refused the use of the mails. (2) Discourage the use of the linen catheter. If these were not manufactured abortions would become less. No doctor should ever buy one and if we all

The *Medical Examiner* discusses the question of insuring the lives of Christian scientists. Of 38 companies 29 accept them.

The small private hospital is to the large public one as a suit to order is to the ready-made article, and must cost more.

refuse to use them the manufacturers will soon stop making them. Where there is no demand there will be no supply. Their sale to the laity should become a state's prison offence. (3) Refuse to attend any woman who has brought on an abortion or who has had one brought on by some one else. Can we doctors do this? Have we a right to refuse to attend a woman whose life is in imminent danger? Probably not, but if we all took this stand the number of abortions would decrease materially. Many a woman would hesitate and think twice if she knew she could not get a doctor to attend her if "things didn't come out right."

The following cases will be of interest:

Miss, A., 20 years old, was pregnant four months. Had taken $12 worth of some nostrum regulator after having made the rounds of all the doctors without help. Finally confided in her married sister who told her to pass a catheter. The catheter did the work but the placenta wouldn't come. The writer was called at midnight. Counsel was asked for but refused. Chloroform was administered and the placenta removed. In three days the young lady was back to work after having recovered from an attack of "rheumatism," as she informed her friends.

Mrs. B., 26 years old. Came to the writer saying she had been flowing nine days. Her "changes" had been three weeks overdue. Pain in uterus and fever. Was curetted and uterus flushed with iodine solution. Was ill for three months at two different hospitals and under care of about twenty different doctors before she regained her health. When asked if she had done anything all the satisfaction received was, "It's nobody's business." The writer was censured by some of her friends who believed that he "had helped her out."

Mrs. C., 25 years old. Came to the writer saying she had had no changes for two months. Got no satisfaction and went to other doctor. Still no satisfaction. Confided in woman friend who advised use of catheter. Writer sent for about one week later at 11 p. m. Fever 104°, little flow but much pain. Counsel refused. Uterus curetted and flushed. No temperature for forty-eight hours. Fever returned. Counsel obtained. Curetment repeated. Death from sepsis a week later.

Mrs. D., 35 years old. Nationality, Polish. Woman called at office on account of abdominal pain and constipation. Slight temperature. No diagnosis made. About a week later called to house. Fever 104 1-2°, abdominal pain intense, slight lochial discharge, uterus open. Told husband placenta must be removed. Counsel refused. Did curetment. All right for three days when doctor was discharged. Called back in two weeks. Fever and pain. Suggested hospital. Was told not to come again. Other doctor called who attended woman two week longer when she died.

Miss E., 20 years old. Doctor called to house Sunday afternoon. Told that girl had stomachache. Ache pretty low in abdomen. Asked to examine. Refused. Insisted. Uterus tender, flow slight, fever 105°. Curetment and flushing. When questioned acknowledged taking some powders obtained at drugstore. Patient well in a week.

Miss F., 15 years old. Mother came to office and wanted something for daughter to bring on changes which had not appeared for two months. Was told to bring daughter. Questioned daughter alone when she acknowledged that one of the boarder's had had intercourse with her "just one time." Examination showed soft cervix and large uterus. Mother told daughter was probably pregnant. Mother almost had a fit. Told doctor he was crazy. Further questioning

The epistaxis of scarlatina may be stopped by chromic acid solution, one grain to the ounce of water.—G. F. Heinen.

In the beginning of an attack of measles the hot bath encourages the development of the eruption.—G. F. Heinen.

elicited the information that one of the boarders, a married man 35 years old, had been visiting the girl almost nightly for three months. Boarder skips the town. Mother wants something done. Offers doctor $50. Refused. Finally goes to Buffalo on advice of her sister to a midwife who did the job for $25. Nothing more heard of girl till one week later when doctor was sent for. Temperature 103°. Curetment and flushing. All right in two days.

Do all doctors have such cases to contend with? The fetus was gone in every case and the placenta was a foreign body that was causing all the trouble. Nature never intended abortions to take place and that is probably the reason she don't expel placenta. Some doctor usually has to shoulder the responsibility and do the work for nature.

When will women cease this horrible practice and when will doctors refuse to assist them? How any doctor can do this kind of work for a few dollars is more than the writer can understand.

The writer is the father of an eighteen months' old boy and expects soon to become the father of a daughter or perhaps another son. What is nicer than a family of children? Children will brighten a home and will check the divorce evil like nothing else. Why should we doctors help kill them? Verily this is a peculiar world.

C. L. S.

— . New York.

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This difficulty has come to every man who ever engaged in the practice of medicine. It is to a great extent a test as to what manner of man he is going to turn out: Whether he has the moral stamina to refuse to gratify the criminal desires of these persons or not, and whether he is a man of sufficient knowledge of the female character, and sufficient decision and weight, to properly influence them, is now to be ascertained.

Our duty is by no means accomplished when we have told these people the literal truth. If we do this and the woman goes away unconvinced, to find some less scrupulous practician, a human life is lost and a human soul smirched. Unless we can dominate the woman so far as to make her willingly carry her child to term, we have failed in our duty, and are in that much unfit to practise medicine.

I am aware that this is taking more extreme ground than has ever been assumed by any other writer on the subject, so far as I know. Nevertheless, it is right. If you see a man attempting to drink a fatal dose of poison, it isn't enough for you to say in a mild, inoffensive manner: "I wouldn't do that if I were you." No! Get up, seize the glass and smash it in the furthest corner of the room. Pick up an Indian club and knock the man senseless if necessary, sooner than allow him to commit self-murder. Abortion is worse than self-murder. We might argue as to a man's right to control his own life—no argument is possible as to a woman's right to control the life of another, and especially of her unborn child.

The difficulty in the letter before us is that the arguments are such as might be used between man and man; from man to woman they are not apt and would not be effective. The woman has not listened to what you said; her mind is dominated by the impulse, the selfish impulse, which brought her to your office; she hasn't heard you. It is not a case for argument, but rather one for tactfully, judiciously, powerfully, shifting the woman's plane of feeling to a normal one. Save your arguments, Doctor, they are lost; but appeal to the

Desquamation of the skin occurs after all hyperemias that continue for some time, not after scarlatina alone.—G. F. Heinen.

Ringing in the ears may be caused by anemia, neurasthenia, gout, or by the pressure of earwax against the drum.—G. F. Heinen.

sentiment of motherhood—"What a magnificent child her's must be"—"The world could not help but be better for such a child!" As one of Dickens' characters said, when his wife presented him their seventh daughter: "The world cannot but be bettered by many copies of that wonderful woman (his wife)."

Don't degrade this advice by saying it is an appeal to the woman's vanity. Not at all; it is simply an attempt to arouse that most exquisite sentiment of which womankind is capable—maternal pride. It exists; there never was a sane woman yet in whom the pride of her offspring was not existent; though often dormant, or smothered by other feminine impulses.

The case is always one for careful diagnosis, for consideration of the woman herself, her life, her surroundings, her interrelations with her kind. If she is in the scramble for social supremacy, take effective measures to break this off by a simpler, more natural life, to bring her thoughts back from the abnormal channel into which they have been warped.—Ed.

A NOVEL METHOD OF WASHING THE STOMACH WITH SOAP.

A new way of washing the stomach was accidentally and very clearly shown, in a small town in Missouri, for the truth of which the writer can vouch.

A small boy had swallowed some lye, which had been carelessly left on the kitchen table.

The mother in her alarm, remembered having heard that hot grease was a good antidote for poison. In her excitement she proceeded to hastily pour a quantity down the small boy's throat.

When the two came up, much to her amazement, it was in the form of soft soap; the grease and lye having combined in the boy's stomach. It is superfluous to add that his life was saved.

Nancy H. Buskett.

Rolla, Mo.

SOME FIELD NOTES.

An Iowa doctor reports a remarkable result from the administration of calcidin (calx iodata) in a case of general enlargement of the lymphatic glands. The patient was a child five months old, and the condition had existed almost from birth. The little patient had been under the care of several different physicians, but no improvement had followed any of the treatment given by them. Malnutrition from inability to assimilate and digest food was present to a marked degree.

To all appearances it looked like a hopeless case, when the physician above referred to was called in consultation. After looking the case over carefully he suggested that iodized calcium be given a trial because of the well-known alterative effects of this form of iodine; and, also, because of the ease with which calcium iodized is assimilated, not upsetting the stomach or producing objectionable effects as so often occurs with other forms of iodine. Grain 1-3 was administered every two hours. An improvement in the general condition of the child was manifested in a very few days after the beginning of this form of treatment. In one month's time the glandular enlargement was all gone and the baby's condition was in every way all that could be desired.

Several months have gone by and the baby at the present time is in fine physical condition, showing that a complete cure has taken place.

A watch better heard against the mastoid process than over the ear indicates disease not of the auditory nerve.—G. F. Heinen.

Syringing of the ear may cause infection of the mastoid cells if the eustachian tube is not kept open.—G. F. Heinen.

So much for calx iodata, the best known form of iodine for internal administration.

E. G. Paxton.

Chicago, Ill.

NUCLEIN IN QUINSY.

The writer has treated a number of cases of quinsy—peritonsillar abscess—by an entirely different method, during the past two years, than those formerly used.

The treatment consists of the administration of four tablets of nuclein solution every hour for eight doses, no other medication being used except a thorough cleaning out of the alimentary tract with saline laxative.

There is nothing new or wonderful in the treatment. Simply the production of a leucocytosis which in itself is sufficient to prevent pus formation in many cases if given in time. It is no use in the above-named condition unless given early, within forty-eight hours of the first symptom. The treatment is often started with a hypodermic injection of eight drops and followed with the tablets internally.

Particular attention is called to the fact that not one of my cases during the past two years has developed quinsy, provided nuclein was given within forty-eight hours of its inception. This in spite of the fact that several of them had never failed to develop the genuine old-fashioned quinsy under any other treatment used by myself or other doctors.

Case report: Patient had parts of each tonsil removed when nineteen years old—tonsillotomy. For the previous six years she had from two to three attacks each winter of quinsy. For five years following their removal she escaped only to have a return of the trouble four years ago. Treatment by various physicians failed to prevent the attacks or to in any way influence them when they occurred. Nuclein was tried because of its general systemic effect (leucocytosis), at the beginning of an attack more than two years ago and much to the patient's surprise the attack was aborted. The symptoms of the beginning of an attack which never in former years failed to develop true quinsy have occurred six times since but nuclein has always caused them to speedily disappear. Once when out of town an attack came on and forty-eight hours had elapsed before the nuclein was given, yet the attack was aborted. Like results have been secured in a number of other cases.

J. E. Garner.

Sioux City, Ia.

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This is not our first report of the use of nuclein in quinsy. We use it ourselves and know that the Doctor's plan "will work." It certainly is indicated whenever an attack of this kind is in its incipiency, and for that matter in all pre-purulent states; by causing leucocytosis at this time the microorganisms are effectually disposed of before there are enough of them to be a menace, and the disease is aborted. Some of our brethren will doubt this, but it is a fact just the same. Usually, in addition to "cleaning out" with the calomel and salines, we give aconitine to physiological reaction and then fill the patient up with calcium sulphide—saturate him with it. This in addition to the nuclein, as suggested by Dr. Garner, will "do the biz." Appropriate local remedies of course.—Ed.

NUCLEIN IN DIABETIC GANGRENE.

Dr. A. J. Weaver of Muscatine, Iowa, reports rapid relief and apparent cure of diabetic gangrene of the foot of a man 70

Practical destruction of the drum membrane may still leave the patient fairly good hearing power.—Gustaf F. Heinen.

Obstruction of the nostrils may cause loss of hearing.—G. F. Heinen. Many ear cases require attention to the nasal tract.

years old, by the administration of 15 minims of nuclein solution four times a day, with tinct. chloride of iron.

Man, 70 years old, diabetic gangrene of foot, one toe had been amputated and a number of spots of various size on foot were gangrenous. Had been dressed with formalin and grave prognosis given, which led to change of physicians. Dr. Weaver dressed foot with saturated solution boric acid and moderately elevated same. He commenced the administration of nuclein solution by the mouth, 15 min. four times a day. Nuclein was given for the production of leucocytosis, to stimulate cell formation and to restore the normal metabolism of the parts affected. Results: Patient's general condition rapidly improved. Lines of demarcation were soon formed and patient was apparently well in six weeks' time.

WHOOPING COUGH.

I have found the following prescription effective for a case of whooping cough in a child four years old; other ages in proportion, bearing in mind that children bear atropine well, that is in larger proportionate doses than other potent drugs: atropine sulph., gr. 1-250, granules no. 10; aconitine amor., gr. 1-134., granules no. 8; fl. ex. tolu, dr. 1; aromatic syr. q. s. ad ozs. M. Sig. Give one half teaspoonful every four hours to a child four years old.

To the above prescription I add calcium sulphide in doses of 1-6 to 1-2 grain, and calx iodata a 1-3 grain tablet. Give a sufficient quantity to saturate the patient, which occurs when the characteristic odor of stale eggs can be discovered in the breath or on the patient's skin. Then give enough to keep up this effect until the patient is well.

The above prescription may be pushed till the pupils dilate if necessary, but the dose should be temporarily stopped or lessened when this occurs. The atropine and aconitine are given for their effect upon the secretions and fever or congestion, the calcidin for its well known effects upon the respiratory tract, and the calcium sulphide for its bactericidal effects, its specific effect in destroying the cause of the disease.

C. J. Cooxly.

Oelwein, Ia.

WHOOPING COUGH.

I wrote you from Hoonah, Alaska, concerning your whooping-cough formula (cicutine, lobelin, camphor monobromate, quinine hydrofer.). Well, when I started in with my epidemic I gave *this* remedy to five, *that* to the second five, another to the third five, and so on through all the most highly praised remedies,—homeopathic and galenic, but I found that whooping cough needs individual treatment just as much as any other disease. The most popularly advertised remedy failed me utterly, but I found that your formula hit a majority, or more cases than all the others, so, when I moved back to civilization and came right into an epidemic of whooping cough, I used it. The popular idea prevailed of letting them cough and vomit. But a lady physician went to attend the American Institute, and, in her absence, I was called to one of her patients, a child 2 years old. I gave the alkaloidal granule with the infant's anodyne and hyoscyamine (1-500) at night, and, in two days, more was done than in the previous four weeks of the other treatment. That was my first patient, and in two weeks since that day I have gotten nearly every "whooper" in town or the country round, and yesterday I sent medicine to another town—ten miles away and full of doctors.

Prompt and complete evacuation of the stomach is often the best anodyne in cases of gastralgia.—Gustaf F. Heinen.

Hydrastinine is a vasoconstrictor of the peripheral vessels and useful in menorrhagia.—Hill.

This may sound too egotistical for cold type, but the facts remain. If any one wants to know what the alkaloidal treatment accomplishes in whooping cough I can refer him to twenty and more mothers and fathers, who are now sleeping all night instead of sitting up. There were five in my family at once last winter and we never lost an hour's sleep. I could get no one to try the "tongue racket," because, with my treatment, they didn't whoop enough to cause any excitement. Could this treatment be improved upon?

H. R. M.

——, Illinois.

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We congratulate you upon the splendid success you have had in the treatment of whooping cough. There have been so many reports similar to this that we have come to take them quite as a matter of course. We know now that this disease is highly amenable to treatment, and it only surprises us that so few physicians fail to "catch on." With the alkaloidal remedies you will find, Doctor, that many things which have before seemed to you difficult to manage will easily come your way. In addition to the use of the formula mentioned, you should also give calcium sulphide to the point of saturation and occasionally a granule of atropine valerianate will be found effective. If there are only catarrhal symptoms, calx iodata, of course. We publish your letter in the JOURNAL because it will make others realize that if you can cure these cases, they can by using the proper means. —ED.

PRESCRIPTION ABUSES.

Why do physicians continue to write prescriptions?

I have practised medicine for nearly twenty-five years and have tried both dispensing my own medicines and prescription practice. While the latter is often very convenient, there are objections that counterbalance any degree of convenience.

I will mention a case in point that occurred in my practice today. A man called to me, "Say Doctor, what was in the prescription you gave me for a cold last winter?"

I replied, "The prescription contained several ingredients. Why do you ask?"

"Because it is a fine thing. It cured my cold last winter. This winter it cured my mother's cold, then the cook's cold, and I have furnished my brother with a bottle. I always keep a bottle on hand."

The above shows how much I have been defrauded, up to the present time, in one instance; and the use of this prescription will be repeated and enlarged upon from year to year. Remember my charge for the prescription was only one dollar and *that* has not yet been paid.

I have no complaint to make against the druggist in this particular case. He is honest and a friend. He informed me about this refilling and I allowed him to do it, as in this instance he would have made enemies, and would have lost trade. The druggist though honest and a friend could not stem the current of vicious and dishonest practice of refilling. Singlehanded this is not the work to be done by a few druggists. The individual druggist should have the support of the druggist's association of each state. This association should not only aid but should compel each druggist to act professionally toward the physician and give him a square deal. This would bring the druggist and the physician nearer together.

I will not mention the many points of friction between the physician and druggist, such as the latter's pushing his own and

In hyperchlorhydria small doses of iodides may cause iodism unless given with milk, albumin or alkalies.—G. F. Heinen.

In gastralgia caused by hyperchlorhydria don't give morphine. Don't give thyroids in exophthalmic goiter.—G. F. Heinen.

other makers' preparations, substitution, etc. My object is to show only one reason, and a sufficient one, why the writing of prescriptions is business suicide to the physician. The present system would lead one to believe that the druggist only considers the prescription business as a side line and not worth his attention, so far as treating the physician fairly.

——, North Carolina. C. W. H.

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Doctor, why not have printed on your prescription blanks, "The refilling of this prescription, without my written order, is forbidden." This would protect your druggist, who as an honest, straight-forward man, deserves every consideration.—Ed.

DEATH OF DR. LANDERS.

We regret to announce the death of Dr. J. Robert Landers, of Teheran, Ill., who was a frequent contributor to these columns, as well as to numerous other medical journals. He was an enthusiastic and able advocate of alkaloidal methods of therapy, and a brilliant and scholarly man.

Dr. Landers was born in Bullitt County Kentucky, Aug. 4, 1861, and graduated at the Hospital College of Medicine, Louisville, in 1885. For several years he has practised in Illinois. He died at Teheran, Nov. 9, and was buried at Fairland, Ill.

Dr. Landers leaves a wife and one child, a boy of eleven, to whom we extend our sincere sympathy.

A PERSONAL EXPERIENCE.

With your kind permission I would like to give my personal experience to the Journal family in the hope that some may be helped and strengthened by it.

I used galenicals of various makes for twenty-five years—until I felt that the life of a medical practician, filled with doubt and dread as to results, with its frequent disappointments and heavy sense of responsibility in cases I could not relieve, was not worth living. Through the Clinic I learned of the active principles, and with more doubtings I gradually changed to the alkaloids, testing and proving every step, until at last I acquired a feeling of confidence in my remedies, and therefore in myself, which changed the entire current of my thoughts. In short, from an uncertain pessimist I became the therapeutic optimist I am today, for I know what to expect of the drugs I use. I was recently called to attend a patient in a family of the more intelligent class, the regular family physician being absent from the city.

I carefully examined my patient, opened my case and made up my prescription from its contents, and gave exact information as to the effects to be expected from the administration of the remedies dispensed and what to do when these results were obtained. I was much surprised when asked: "Why, Doctor! do you know exactly what will occur when your medicine has been taken, before you have seen the results?" I answered: "Yes, Madam, I know absolutely what effect my remedies will produce, when enough has been taken. While I may not be able to cure the case I may be called to treat, I know what effect my remedies will have on the body, whether for good or ill." She replied: "Well, Doctor, you surprise me. You are the first physician I have met who has ever made a positive assertion as to the effect which his medicine would produce."

I cured my case and retained that family; and so will you, Brother, if you absorb the

The most common cause of indigestion is the presence of too much HCl in the stomach.—G. F. Heinen.

Pain of hyperchlorhydria begins 1 to 3 hours after eating and is relieved by taking more food or by alkalies.—G. F. Heinen.

possibilities of positive therapy as I have done.

A. H. S.

——, Illinois.

COULDN'T GO BACK TO TINCTURES.

I have had it in mind many times to write to you to thank you for the many instances of your kindness which I most sincerely appreciate. Although not thoroughly introduced I think I may say I am one of the alkaloidal family. I am realizing in my latter days the immense loss I have sustained by being born too soon, for I am now thirty-nine years in the harness and begin to realize that in medicine as in all other branches of the arts and the sciences we have not yet reached the acme of perfection, but that each year furnishes abundant evidence of conquest all along the skirmish line. Alkaloidal medicine, the newer therapeutics, takes rank with pathology and I am glad to think that the nauseous mixtures, powders, pills and syrups are to be relegated to the dump to which other antiquities are relegated before I shall have been altogether lain aside.

I wish to speak of nuclein and calcium sulphide. I have never seen any agency so marked in its therapeutic effects. I was called in consultation with a physician of this place nearly two years ago in which the patient, a young mother, had suffered from infection, had been treated by a neighboring physician and had been brought home (to this place) after three or four weeks, still weak, and I suppose having the toxic effect of bacterial activity still potent.

When I saw her no evidence of the red blood corpuscles could be seen. She was as white as the sheet over her; her pulse weak and frequent, temperature 103, bowels tympanitic, very tender, especially in the right iliac region. I recommended rochelle salt, nuclein tablets, two every two hours, with calcium sulphide, 1-2 grain at the same time to be continued from day to day.

The results were truly marvelous; her color began to appear in twenty-four hours and at the end of the week she was taking nourishment freely. I saw her but once until I saw her on the street.

I wish I had time to tell you of the action of the new therapeutics as far as my experience has gone. Calcidin in croupous cough, stridulous distressing vocal effort, gives prompt relief, much to the comfort of the sufferer and parents and gratification of the doctor. Aconitine—why no one with the experience of forty years with other methods of administering aconite would ever go back to the tinctures or tablets when acquainted with the accurate dose and prompt effect of the little granules. But, Doctor, you have heard this story so often I'll not weary you with its reiteration. I'll go along and find out more for myself which is not as easy as it would have been twenty years ago.

D. S. McConnaughey.

Wayland, Ia.

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"It is never too late too mend," and the man who adopts alkaloidal methods late in life has the advantage of a vast experience of what should not be done and can avoid errors which the neophyte is apt to make. Your views of calcium sulphide and nuclein are absolutely correct.—Ed.

THE ALKALOIDS—RETAINED PLACENTA.

May I enter the field for the first time? I am just a mere "kid" in the profession, having had out my shingle for only eighteen or twenty months. I want to say this about the alkaloids. When I was taking my medi-

The morning vomiting of alcoholics is due to chronic gastritis. G. F. Heinen. Emetine gr. j at bedtime and copper arsenite.

Gastritis causes diffuse pain increased by taking food, but no hemorrhage and no lactic acid generation.—G. F. Heinen.

cal course, the materia medica and the consequent therapeutics seemed to be a senseless jumble of contradictory and illogical nonsense. This, connected with a close study of Osler's Practice, made me practically a therapeutic nihilist, and so I started out.

But a small practice for the last eighteen months has convinced me that you can't practise therapeutic nihilism on the ordinary hygienic sinner; he won't stand for it, and you've got to *give* him something. Now, on the other hand I did not want to give him something and make him pay out a lot of money, which I had been taught was useless. This made me put on my thinking cap. It began to dawn on me that, may be, there might be something in medicines, if we could be sure that we got the real stuff out of our different weeds. About this time, to help matters on, a copy of the CLINIC fell into my hands, given me, by the way, by a dentist friend. This made the contents of my thinking cap go to fermenting with a vengeance. I sent in a subscription, and soon after for a few of the more common of the alkaloids.

After some scattering experience, running over various phases of disease, I came to the conclusion that there was something in drugs. There is no finer remedy than aconitine for fevers, euonymin for painful liver, etc. I need not mention all, such as atropine, strychnine, etc. So that now I may say that I am a complete, nay, a cranky convert to the simple active principles. This is the only logical medication, as any man can see, who will stop only a minute to think at all.

But I must hurry on and give you a queer case I had a few months ago. Last September, a Mrs. X., aged 26, married six years, no children, ordinary weight about 115, sent for me in a hurry. From a little previous practice in this family I soon found out that they did not as yet want any children, and I suspected that they had been doing things to keep from having any.

Well, when I got there I found the little woman in bed flooding pretty freely, and she showed me a discharge, which on examination proved to be nothing but a three months' fetus with a little blood. Nothing else had passed, though this had occurred several hours before. She pretended to have fallen off the porch, but I did not believe that. I found the os very tender, but undilated, and suggested getting another physician to help in curetting. But no, she would not consent to any such thing. What was I to do? She did not want anybody else in the world to know about her condition, and would not have the curettage done. I told her frankly that I would go ahead and do my best without curetting, but if I found that it had to be done I would not ask her permission. She agreed to this.

So, I put her to using bichloride (1 to 2000) injections, three or four times a day, gave one grain calomel with podophyllin, 1-6 grain each at a dose, to be followed in the morning with a good big dose of saline laxative. I checked the hemorrhage with three tablets of ergotin, gr. 1-6, given every half hour. I warned her that she might have fever, which meant poisoning, and if that happened that I would certainly curet. I left her, and went back next afternoon. I found her with a slight rise of fever, 100 2-5° F.; found the os still exceedingly tender and still undilated. Singularly, she had suffered but little pain, and seemed to have no labor pains at all.

This time I was still more in mind of curetting, but she begged me to do all I could without that, and I did. I put her on two-grain doses of quinine sulphate every two hours, thinking this would perhaps break

Earache:—Never put in the ear any tincture or substance that may irritate the delicate tissue of the drum and muffle hearing.

Do not wash out the ear; it is not good to insert moisture and leave it for bacterial growths to form.

up the fever. Gave her 1-12 grain morphine, as she had not slept well the night before, and told her to continue the injections. (These injections, by the way, were given with an ordinary Goodyear ladies' syringe, holding about 8 ounces.) I told her and her husband to send for me at once, if anything turned up. The hemorrhage was so little that I did not give any more ergotin.

I was not sent for, but went next afternoon about six, and found patient somewhat restless, fever 101 1-2° F., os very tender, but with little change from day before. I told her to keep up the injections and the quinine, to keep as quiet as possible, and gave her a hypo of morphine, gr. 1-6, and left again, as she refused once more to allow me to curet. There had still been no discharge of the placenta, which remained practically intact in the uterus. Went back next day at about the same time, as they had not sent for me, and found patient quite restless, fever 102° F., uterus still contracted, no discharge, very little hemorrhage, and patient steadily growing into sepsis. This made me hustle. She begged so hard not to be curetted that I determined to wait another twenty-four hours any way. This time, though, I put her on aconitine and calcium sulphide, but keeping up the other treatment also. I certainly stuffed that woman with calcium sulphide. I left full directions for using the aconitine. Next day fever was down to 100 1-2° F. Kept treatment up, giving the aconitine, gr. 1-67, every hour or two. Found os not quite so sore and a little more promising as to dilation.

On the next day I was called to see her about two hours before the usual time. I found her resting very quietly, no hemorrhage, no fever, but feeling very weak. Kept up the calcium sulphide, continued the quinine, the aconitine at four-hour intervals, and the injections.

Five days elapsed after this without any marked change, when I was sent for in a hurry. When I got there I found that the discharge had begun, a large piece of the placenta having already passed, and soon after I got there another large piece came. Singular to say, there was but little, if any decay, and I can attribute the fact only to the effect of the calcium sulphide, and the loss of the fever to the aconitine.

I staid with her for three or four hours, looking for a bad hemorrhage, or something to turn up; but there was no trouble. I could not stop the hemorrhage completely. Left instructions to use the ergotin every half hour if hemorrhage increased much till three were taken, unless checked before, and to send for me if it got bad. Had no need to send for me, and finally after several days everything seemed to have gone away, and she recovered like a regular labor case. She began to pick up flesh almost immediately and in a week after the discharges, was up and about her household duties.

I continued to treat her, having her use an occasional injection of the bichloride, finally changing to the Abbott vaginal antiseptic at least once a day for some time, and kept up the calcium sulphide. In two weeks she had quite a large menstrual flood, that is, it came like her ordinary flow, but larger, and lasted the usual time. On the fifth day of this I gave her a grain of ergotin, and the discharge stopped completely without any ill effect, except that she seemed to fatten on it and gained weight. I began then on the uterine tonic (Buckley), continued the sulphide and the vaginal antiseptic, and got her to taking the triple arsenates three times a day. She improved very fast on this treatment, got happy, and swore by me.

But in about two weeks she had another blood flow, not so bad as before, and I treated as before. Then I pushed the uter-

Earache:—A granule or more of aconitine in hot water is useful, but do not neglect to incise a drum before it gives way.

Earache:—Look to the nasopharynx, and never fail to look into the ear for foreign bodies or furuncles.

ine tonic with the triple arsenates and the sulphide, and next month she went to her full time before her menstrual flow came. She still suffers considerable pain the first day of her periods, but as she had that trouble before, I am now trying to get her rid of that trouble also, though I doubt if I shall succeed.

What puzzled me about this case was the fact that the placenta or secundines staid so long and resisted the quinine, and further that after the fever began it should stop five days before the discharge of these. I can only attribute this to the effect of the aconitine and the sulphide. At any rate, since then I have been a mighty strong believer in them both. I also think that the Buckley tonic is hard to beat as an all round general remedy for most of the ills that the ordinary woman suffers from.

J. W. Summers.

Davidson, N. C.

—: o: —

Dr. Summers is certainly to be congratulated upon the successful issue of this case, following his energetic and intelligent use of the indicated remedies. And yet—we should be very uneasy if we knew that there were retained portions of the placenta in the uterus of one of our patients and would be inclined to insist most strenuously upon "cleaning out" this organ. No one can tell what may happen. There is always the danger of sepsis, or of hemorrhage, or of the long train of chronic ailments which are so likely to follow in the wake of these accidents. All these dangers should be pointed out to the woman—and if the doctor is sufficiently emphatic she will usually be found amenable to reason.

But, in spite of this, the doctor played his part well. Calcium sulphide we have repeatedly found effective in uterine sepsis, and every member of the family knows the indications for aconitine and ergotin. If there is persistent oozing from the uterus, however, we should advise hydrastinine. In such cases it is the best hemostatic. Ed.

SOME GOOD HINTS.

I am glad to greet you in your new dress. I can hardly wait from one issue of The American Journal of Clinical Medicine to another. I consider it the American physician's medical bible! Though not inspired, it does not miss it much.

Say, readers, try calcium sulphide, four granules, gr. 1-6 each, pulverized, then the expressed juice of an onion with half a teaspoonful of white sugar. Give a teaspoonful of this every half hour, or hourly, in the cough of pneumonitis, when expectoration stops or slacks up. Effect is magical. My wife would surely have died with pneumonia this winter had it not been for the above.

I find nothing to equal Waugh's infants' anodyne for after-pains with multiparae, say two granules, p. r. n.

Don't give up the alkaloidal ship, for it will surely land us in the harbor of safety every time when we follow its lucid teachings. J. S. Tatum.

Harreldsville, Ky.

AN OLD CAMPAIGNER.

Dr. E. F. Steger, of Nashville, Tenn., writes us that he is in his ninety-sixth year, but is still using the alkaloids. He says Nature at last demands a cessation of active labor after more than fifty years of continued practice in country and towns. "For the past ten years I have practised the alkaloidal system steadily and found it infinitely superior to the system taught in the medical schools in my day. It will ulti-

Otitis:—Atropine to full effect relieves nearly all pains except those of imprisoned pus and nerve pressure

Otitis:—For pain, fever and inflammation give anemonin a granule every half hour, with hot irrigations.

mately, unquestionably, be *the* universal practice. CLINICAL MEDICINE is a thorough 'medical journal,' towering far above competitors and throwing a flood of light over the civilized world."

The Doctor's handwriting is as firm and clear as that of a man in the prime of life. In fact it is infinitely superior to the chirography of some of our correspondents, who seem to believe that writing is a means to conceal the thoughts. We are anxious to know whether the ranks of our readers contain an older active practician. We believe that Dr. Steger can be safely termed the patriarch of us all. May he be spared yet for many years.

BABY SAVED WITH CALX IODATA.

The telephone bell rang out clear and startling on the stillness of my chamber: "Hello, that you, Doctor?"

"Yes."

"Baby's got the croup and we want you to come quick. Don't believe she will live till you get here."

"Can't come, not able. Send down and I will give you a medicine that I guarantee will save your baby's life."

"Well, we will try Doctor—on the way and get him to come."

The said doctor could not go but sent something and scouted the idea that I would be able to guarantee any drug to cure membranous croup. They gave his drug and the baby choked on. At midnight a voice was heard at my door.

"Doctor, I want you to go with me to see my babe, its dying. I believe it will he dead before we get there."

"You haven't money enough to get me to go. If I could go at all I would go for the regular fee, but here is a drug that will do the work for the croup."

He took it and went home and from the first dose the babe improved and is well today to the great joy of its parents who are sounding the praises of the remedy and this doctor. It will do the work.

M. G. PRICE.

Mosheim, Tenn.

SCARLET FEVER: A SUCCESSFUL METHOD OF PREVENTING IT.

I have been trying to enlist the coöperation of a number of my medical confreres in the testing of what I deem a certain preventive of scarlet fever, but the medical profession as a whole is a peculiar body of men, so far as their confidence in any new claim or departure from orthodox methods is concerned. In some respects, they are justified in this blooming skepticism, because of the countless new compounds that daily are being flashed before their vision as certain panaceas for this and that, the majority of which in actual tests prove unreliable.

Concerning the prevention and treatment of scarlet fever, I possess some original ideas, which I have put into practice; and, to sustain my position, I boldly assert that in the nineteen years I have been using this treatment, I have not lost one case of scarlet fever. I am prepared to substantiate every assertion. But this article exclusively relates to means employed for the prevention of scarlet fever.

Reasoning from my limited opportunities for observation, circumscribed as they necessarily must be in a not very populous center, I believe every case of scarlet fever is propagated by the germs reaching the system through the respiratory organs, and the fact that the chief local manifestation, outside of the characteristic eruption, develops in the throat logically leads one to infer that here is where the primary

Otitis:—For severe pains and inflammation give aconitine a granule every quarter hour to an adult till relieved.

Otitis:—If suppuration forms or threatens quickly saturate with calx sulphurata, gr. 1-6 every quarter hour.

infection occurs—where the absorption of the scarlet fever contagium takes place. We know that the deposit upon the fauces generally assumes the typical diphtheritic character and that the treatment employed must be similar if not identical with that administered locally to our diphtheritic patients.

Consequently, my preventive treatment was directed chiefly to the throat, and so far as my experience has gone it has been invariably successful. I have given it thorough tests, extending over a period of six years. At first I figured results as a mere coincident, a matter of good luck, but I cannot understand how the continued immunity of several children in different families who were constantly exposed to the scarlet fever contagium could have followed unless the preventive medicines exercised an immunizing influence.

The first case, in a family of five children in which I tried the preventive, was a very malignant one, presenting all the graver symptoms of scarlet fever with its complications. The mother appealed to me earnestly for something to either prevent the balance of the children taking the disease or to possibly modify its form. This is what I prescribed: Tr. belladonna, dr. 1-2; elixir simplex, oz. 4; M. Sig: Give one teaspoonful every three hours for three days, then every four to six hours, watching the face for its physiological effect; in small children the dose must be decreased or given less frequently.

Mercury protoiodide from 1-60 to 1-80 gr. was also given in trituration; that is, take of mercury protoiodide one part, and sugar of milk 60 to 80 parts; triturate for two hours and of this give one to five grains, according to the age of the child, every three hours for three days, then every four hours for three days, then every six hours. I prefer the powder because of its local action on the throat. I have used the tablets, but have always directed that they be "chewed up." This prescription was continued to all the children, until the scarlet fever patient was convalescent, peeled off and the premises were thoroughly fumigated with disinfectants.

Not one of the children took the disease. Shortly afterward I was called to a young lady, 18 years of age, who was very sick with scarlet fever. To the young sister and hired boy I gave the same preventives, in like manner, and though they remained in the same house and passed in and out of the patient's room neither took the disease.

The next case was a girl about 13 years of age, who was very sick for a number of days. To the mother and the two younger children I gave the preventives as related, with the result that they escaped the disease.

A year ago a case among a family of nine children gave me a decided opportunity to test its virtues. I gave all the balance the preventive, and allowed the children to go in and out of the apartments without restriction or restraint. Three of the children had very sore throats for a few days, quite a deposit upon the fauces, but I pushed the mercury with delightful results. None of the bright scarlet rash or the "strawberry" tongue showed up.

The father was very wroth because I had them quarantined, because he said it could not have been the scarlet fever or the other children would have taken it. He said some celebrated Omaha doctor had told him so and "the doctor knows."

Pat, you know, had died and Mrs. McDugan had sent for the undertaker to embalm him. The embalmer went vigorously to work, but noticing signs of life, summoned Mrs. McDugan to help him resuscitate him. "Don't throi to interfere wid

Otitis:—To stop long-continued suppuration add arsenic sulphide gr 1-67 seven times a day, with nuclein in full doses.

Otitis:—A commencing inflammation may be aborted by a full sweating dose of pilocarpine, gr. 1-6 hypodermically.

Natur," says Mrs. McDugan, "it's bad luck to yees—the doctur says he's daid and the doctur knows."

The next convincing example of the efficacy of this preventive was in the family of one of our grain merchants. His daughter had been east on a visit, where she contracted scarlet fever and returned home very sick. She developed all the cardinal objective and subjective signs of the disease; the throat symptoms, scarlet skin, eruption, strawberry tongue, kidney involvement, and subsequent peeling off. To the other six children I administered the preventive in the conventional manner mentioned, with glyco-thymoline as a throat wash or gargle. The children were constantly in the same house and in and out of the patient's room. The vessels and utensils she used were not used again unless boiled. Towels and bed-clothing treated the same way by being disinfected by heat or chemicals. The preventives were continued until the patient peeled off and the house and clothing fumigated. Not one of the children, showed the slighest indication of the occurrence of the disease.

In giving the mercury, if the gums get sore and bleed, this signifies that the dose must be given less frequently. It is absolutely harmless and in no instance have I seen any deleterious effects from the dosage mentioned. I submit my experience to the opinion of the medical profession and ask their aid and coöperation in testing further the immunizing power of the drugs mentioned. So far as my personal experience is concerned, I have every reason to express unlimited confidence in its preventive potency, but I will not feel doubly certain, until others have verified my remarkable results.

J. H. Lowery.

Neola, Iowa.

This is an interesting series of cases and other members of the family will, we believe, be inclined to follow up the suggestions made by Dr. Lowery. For belladonna we suggest the substitution of the granules of atropine.

By the way, Doctor, do you recall the article in the Clinic, by Dr. Pixley, some months ago, calling attention to the value of calcium sulphide in preventing scarlet fever—as well as the other contagious diseases? Personally we have great faith in the calcium sulphide—both for prevention and cure.—Ed.

HERESY TRIUMPHANT.

Really, there simply must be a hereafter, where the heretic of the past days has a chance to grin as he hears the heresies for which he was persecuted preached from the pulpits of his persecutors' successors. Sometimes we who are inherently and irresistibly heretical have the opportunity presented us to do our grinning in this life—and just now we are so indulging and broadly. One of the many nonconformist views for which we have been shown to the outside of the fold has been that the pneumococcus does not enjoy the monopoly of exciting pulmonary inflammations. Now just listen to this:

Etiology of Croupous Pneumonia.—Formerly it was believed that the diplococcus of Fraenkel was the sole cause of lobar pneumonia, but the importance of the diplobacillus of Friedländer was soon recognized. Now H. Schottmueller (*Munch. med. Woch.*, July 25, 1905) states that the *Streptococcus mucosus* is also an etiological factor, since he found it in pure culture in the lungs of five cases. The clinical symptoms were onset with chills, high fever, delirium, and stupor and albuminuria. Frequent complications were empyema and pericarditis. The defervescence was more often by lysis, and the sputum was generally very tenacious and hemorrhagic or orange-colored. The micro-

Pennsylvania seems to have found a wide awake man for Health Commissioner in Dr. S. G. Dixon. How did it happen?

"I can never walk again except with two crutches; am very thankful I can go that way." What a lesson to some of us!

scopical appearance of the diseased lung did not differ from that of pneumococcus pneumonia, but the exudate was marked by being very thick and tenacious. In a few cases the germ could also be cultivated from the blood during life. The percentage of positive blood-cultures obtained by the author in pneumonia in general was 23 per cent, but not all of these cases died. Conversely, the disease may be fatal, even if germs cannot be obtained from the blood during life. The importance of the *Streptococcus mucosus* as a cause of pneumonia is evident if the advances of serum therapy in pneumonia are noted.

THE CHICAGO CLINIC AND PURE WATER JOURNAL.

Dr. George Thomas Palmer has severed his connection with the Illinois State Board of Health and is to devote his entire time hereafter to his journal, the *Clinic and Pure Water Journal*. The offices will be at Springfield, Ill. In recent years this journal has given much attention to climatology and mineral-spring therapy. These valuable features will be continued and a department of State Medicine will be added, for which Dr. Palmer's services with the State Board admirably fit him. We wish Dr. Palmer and his newly reorganized journal an abundance of success. Send for a copy.

GOOD LOCATION.

In the November issue of CLINICAL MEDICINE under Business Chances a fine practice was offered for sale in a town of 2,000 in Utah. This is certainly a good chance for a physician who wants to make money in town and country practice. The average yearly income for the past three years has been over $3,000 cash and this can be increased by a live man, a hustler, a good mixer and jollier.

The town is growing and has improved greatly the past three years; the four general merchants have shown their faith in the town by erecting fine brick buildings, there is a water system, electric lights, telephone exchange. Many new brick residences have been built and the people are prospering. The climate is fine, summers delightful, winters open usually. The altitude is over 4,000 feet. The town is located on a railroad in one of the prettiest valleys in the west.

The people are 65 per cent Mormons, honest, law-abiding, open-handed, hospitable, good to an outsider; prefer a physician not of their own religious belief, pay their debts, and live clean moral lives.

There is no opposition nearer than seven miles and there is good country tributary to the town.

I have no hesitation in saying this is a splendid location for a good man who wishes to invest $1,000 cash.

There is household furniture for a six-roomed house, including office furniture and a driving outfit consisting of horse, buggy, harness, robes and cutter. Everything is in first-class condition and ready for immediate housekeeping from cellar to office. Winter supplies are in and everything clean and ship shape.

Not including the practice, there is fully $1,000 worth of property at a reasonable calculation. The house with two and a half acres of garden and pasture, shade and fruit trees, barn, buggyshed and granary, rents for $12 per month. My successor will be thoroughly introduced, and the books are open to inspection. Every statement is guaranteed.

Any further information will be gladly furnished on request.

Vermont Pluck—a woman aged 84 with a broken hip—intracapsular—thanks God she can still walk with two crutches. Shame on knockers.

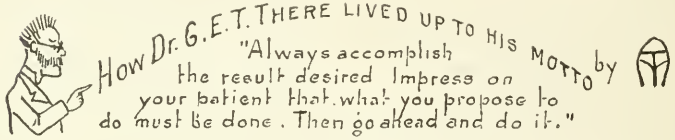
Cheap meats are receiving a haze that sends shudders through the purchasers. How about cheap medicines for the sick?

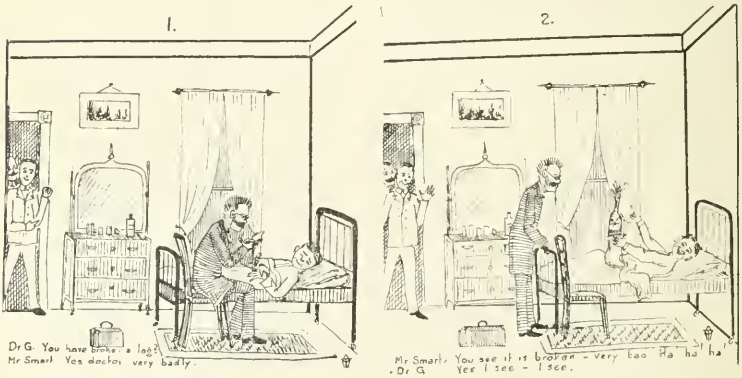
My reason for selling is the failure of my wife's health, necessitating a change to a lower altitude

Address Dr. G.,
Care Amer. Journal Clinical Medicine.

—:o:—

We have specia' reasons for admitting this to the reading pages of Clinical Medicine. The Doctor is not only a warm personal friend, but illness in his family makes an early change of location imperative. The Doctor's statements can be absolutely depended upon, and the opportunity to secure a good practice at a small investment is certainly a rare one. A splendid place for some bright alkaloidist.—Ed.


How Dr. G. E. T. THERE LIVED UP TO HIS MOTTO by
"Always accomplish
the result desired Impress on
your patient that what you propose to
do must be done. Then go ahead and do it."



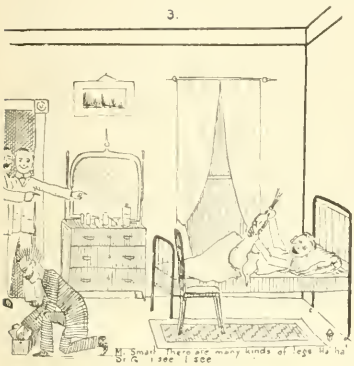
OUR "GET THERE" CARTOONS.

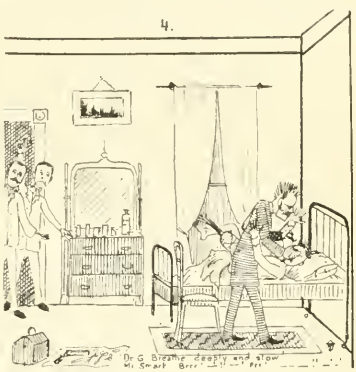
The accompanying drawings, made by that skilful artist and royal good fellow, Dr. Torgny Anderson, of Ceresco, Neb., tell their own story. The moral is a good one and told in a very striking way—very! the people respect the man who can do things—It's up to the doctor to "make good" and while the doctor who *has* made good will respect himself.

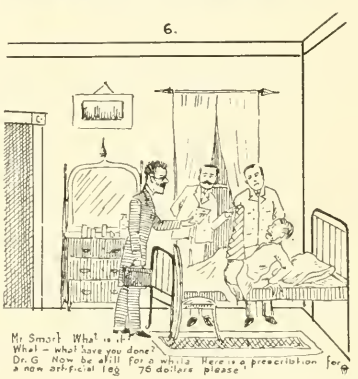
Lockridge urges mercury and iodine locally for quicker and permanent cure of goiters than by iodine alone.—*Ther. Record.*

No symptom is treated with less scientific acumen by the profession in general than pain. The hypodermic rules.—Boyd, *Ther. Record.*

On the whole, we would not advise our friend, Dr. G. E. T. There, to proceed






6.
Mr. Smart What is it? What — what have you done?
Dr. G. Now be still for a while. Here is a prescription for a new artificial leg 75 dollars please!

about the business of making a success in life by quite these methods. Something beside muscle and determination are needed. Intelligence, tact, a winning personality, good tools and the wit to use them at the right time, and, not the least, a rich supply of earnest human helpfulness and sympathy, these will build success every time. And it's success that we are all after!

RESULTS IN A CASE OF PHTHISIS.

I am greatly pleased at present over a patient in whose sputum on March 23, 1906, were found tubercle bacilli, streptococci, staphylococci and yellow elastic tissue. Her urine gave the diazo reaction also. Her pulse was 110-120, temp. 100°

Protzman enumerates 6 cases dying within an hour after antitoxin injections, mostly prophylactic.—*Ther. Record.*

Typhoid:—Baptisia neutralizes the toxins, stimulates the heart and improves the capillary circulation.—M. G. Price, *Ther. Record.*

F., respiration 22. She had lost weight for some months. April 6, I put her on the anti-tuberculosis tablet and calcium sulphide to saturation and followed directions as to fresh air, day and night, and forced feeding. She weighed, May 9, 154 1-2 pounds, pulse 92, temp. 99.1° F at 2:30 p. m. She feels strong and well but will continue the treatment as long as I say. This treatment does not irritate the stomach, which is greatly in its favor.

SARA T. CHASE.

Traverse City, Mich.

—:o:—

Congratulations! We know what the treatment we recommended will do and several similar reports have been received. We are now working out a formula for rectal use and hope to be able soon to relieve the stomach from constant drug irritation.—ED.

A WORD FROM AN OLD APPRECIATED FRIEND.

DEAR DOCTOR ABBOTT:—Your name has been a treasured one with me since February, 1894. At that time I was (and for two years previous had been) a discouraged physician; my troubles finally culminating in the loss (unnecessarily, I now believe) of my dear wife under the old ways of treatment. I gave up practice for two years and traveled around, at last landing in Abbott, Texas, on the M. K. & T. R. R. While there, in an abandoned storeroom, at the time temporarily being used as the post-office, I picked up a small pamphlet from one of the counters which was captioned THE ALKALOIDAL CLINIC. I soon became absorbed in it, reading and re-reading. In two or three days a physician, whose name I have forgotten, called upon me and gave me some dosimetric literature, which I eagerly read. I then took a new hold on hope, subscribed for the CLINIC and have been a subscriber and reader ever since. I would not exchange it for all the other journals combined. Thanks to you, Dr. Waugh, Dr. Shaller, and other contributors, it has helped me through many bad cases. It has taught me the way to success.

By the way, I had the pleasure of meeting Dr. Shaller in Denver last September and liked him very much. I hope to see him again this summer. I thank you, Dr. Abbott, for the renewal of medical faith that again set me to work. I have made a good living and more, and have made some investments from which I hope to get something as I grow older. I am passed the prime of life and cannot work as I used to do. I have been in the harness thirty-two years.

With best wishes to you personally and for the continued progress of this great movement, I am

Yours Sincerely,

C. C. S.

——, Missouri.

—:o:—

It goes without saying that words like this help.—Egotism to print it? Not a bit of it! It shows better than all else can, how our little leaven is really leavening the whole lump. This is merely a sample. *Every day* brings its messages of gratitude—its encouragement to greater showers of unqualified endorsement of true therapy. There's something doing.—ED.

HOW HE HAS WON IT.

Yours of recent date at hand. I am happy to answer your request and to do anything to forward the cause of your most excellent and higher method of medication. I never have had any trouble in restoring my typhoid

Valenzuela advises helenine in whooping-cough, sedating nerves, lessening the local irritation and a bitter tonic.—*Ther. Record*

Vaillard says there is no antidote to cocaine poisoning, and that morphine simply adds one more danger.

patients to health in quite a short time; never lost a case from this disease since I learned to manage it through the teachings of THE AMERICAN JOURNAL OF CLINICAL MEDICINE.

Pneumonia, membranous croup, and other diseases are also well handled now. I hold up THE AMERICAN JOURNAL OF CLINICAL MEDICINE to every physician I meet. About the first year of its publication I became a subscriber, and if I live long enough, will be to the last year of its publication. Before I received the first copy of it I thought how nice it would be if the chemist would give us the active principles of drugs, and when you sent me the leaflet (compared to what it is now) and a few *samples* I tested them on a child in the suppurative stage of scarlatina—that is the suppuration of the cervical glands—and I won the practice of that family ever after.

Yet my sailing has not been always on a smooth sea, without a ripple. When I strike those who think they are getting no medicine because the doses are so small in bulk, I make solutions and color them up and give in teaspoonfuls and tablespoonfuls, and go on my way.

Now as to carbenzol: It knocks "the itch" out after an application or two. I put it over half or more of the body at one time at night, and the other parts in the morning or next night, and if necessary I go over the body again the same way. The reason for not putting it over all the body at the same time was that I am afraid of absorption, though I know the literature on subject states that it is non-toxic, but we have idiosyncrasies. I am using it on a case of psoriasis of the hand. The back of the hand is cured, and I will succeed in curing the palm I am pretty sure—patient has not followed directions, or I believe a cure would have been completed. I have used it but only for these two complaints.

J. M. RUMP.

Andra, Tex.

A BACK RESTER.

I wish to congratulate you, Doctor, on the new JOURNAL. It has, for years, been the very best medical journal I receive and this issue is better than ever. I have not come up to the mark I had set for myself, viz: to give you a series of papers on pulmonary tuberculosis. But I am going to do so, and that just as soon as possible.

You have done more for me in the past six years in making me a better all-round physician than all other causes combined. You remember you told me when I came here from Michigan to "let these people know I was alive" and I have never failed when opportunity presented to let them know that I was an animate object, consequently I am forging ahead rapidly.

I have preached active-principle medication from start to finish and expect to preach harder than ever in the future. Some have been interested and benefited, but with many it has been like preaching at a stone wall. Why? Because they never have taken the time to inform themselves that any plant contains more than one active principle, in fact have no use for anything but calomel, quinine, and aromatic spirit of ammonia.

The JOURNAL under its new name, is going to do better work than ever, but the old name will always remain an inspiration to me. I am very sorry that you met with such a loss by fire, but the "boys" are with you and everything will be righted in the end.

I wish to thank you for the pleasure and information I have attained from your

England finds New Zealand berries preserved by sulphur, are soaked in aniline baths to restore their color. Others?

A Nebraska man invented a salve, which applied to both cut ends of a severed wolftail, one grew a new tail, the other a new wolf.

article, "Digitalin as a Tonic." I have used it with this in mind for several years, and probably appreciate your article more on that account.

I hope that the length of this letter has not made it grow wearisome, and wish you every success in your great work for the betterment of the American Physician.

A. E. S.

——, Arkansas.

CALOMEL AS A REMEDY FOR GONORRHEA.

In recent acute cases of gonorrhea let the patient urinate, wash out the urethra with hot permanganate solution, inject warm, a preparation of castor oil and calomel, and retain for ten minutes. It seems to have aborted five selected cases, as there was no discharge after the second injection.

Of course the calomel does not dissolve in the oil, but is simply carried by it, and the amount of calomel seems to be immaterial, probably "dose enough."

W. S. Fowler.

Bakersfield, Cal.

—: o: —

This suggestion is worth testing. Members of "the family" who try the method will confer a favor by reporting the results obtained.—Ed.

SELF-LIMITED DISEASE.

Do we have diseases that are self-limited? Please excuse the title of this article. It was suggested to my mind from hearing that a physician recently made the positive assertion that "Mumps is a self-limited disease." We have had for some little time quite an epidemic of mumps. I have recently treated ten cases of this disease. All of these cases I have treated with calx iodata, given to effect in each case. In all cases, except two, I have jugulated the disease and had my patients well inside of three days. One of my patients was not seen at all and my medicine not giving relief another physician was called in. Another was sick four days.

My treatment has been to thoroughly clean up the intestinal tract and overcome hepatic torpor with calomel (dose according to age), then give the iodized lime. To an adult I gave six grains in four doses, given one hour apart the first day (children the dose according to age), the second day the same dose given two hours apart. In every case except the two mentioned, the patient was comparatively well on the third day and fully so on the fourth. My "friends" say my patients could not have had the mumps, or else must have had it in a very mild form. Right here is where the beauty of the treatment is seen. Of course they were mild cases because the treatment prevented their being severe. If this is a "self-limited disease" the iodized calcium evidently curtailed the limit.

But as I said at the start, do we meet with any disease, that cannot, with proper care and intelligent treatment be jugulated or aborted? At one time in the history of medicine the general opinion among physicians was that typhoid fever "had to run its course," which was often quite a lengthy course. Pneumonia was also looked upon as a disease that *must* have a given length of time in which to develop and disappear, but surely there is no physician who keeps up with the progress of events by reading current medical literature that can entertain such an opinion at this time. There is such a preponderance of testimony against this theory, in both typhoid fever and pneumonia, that it seems to me impossible for any fair-minded man to entertain further

A prominent citizen of Findlay, O., died of headache powders prescribed as "safe, harmless and sure," by a druggist.—*O. State Med. Jour.*

Gastric cancer shows constant pain, coffee-ground vomit, lactic acid, tumor, rapid emaciation, mostly no HCl.—G. F. Heinen.

doubts. To one who reads it would seem that the scientific application of therapeutics to disease is making such gigantic strides, we are led to ask them when will it stop.

We read that calcium sulphide will, in fact has, aborted both smallpox and measles at different stages of these diseases, and that the timely use of the remedy has rendered persons immune from the contagion of either of the diseases mentioned. It is claimed further for this remedy, that if the system is saturated with it one is rendered immune from yellow fever. However, I do not think this has been proven as yet; but who knows what further investigation and experiment may prove.?

H. C. Buck.

Friars Point, Miss.

SOME PICKINGS FROM PRACTICE.

Grayson, "Merck's Archives," recommends xanthoxylum locally in atrophic pharyngitis. A granule of xanthoxylin may be used as a lozenge every one to four hours.

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Spivak contributes as one cause of constipation the production of smaller quantities of feces, but warns the physician against accepting the patient's diagnosis.—*Medical Record.*

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As a sample of the work done by the U. S. Navy Surgeon, Iden reports the case of a man in the crew of the West Virginia who was accidentally shot, receiving no less than 19 perforations of the intestines, and yet recovered after operation.—*Jour. Assoc. Mil. Surg.*

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"If you succeed in curing a case of any disease that according to the orthodox beliefs should end in death, say nothing about it, or you will get yourself in trouble." In this wise Neiswanger sums his experience after having discovered that nephritis, so diagnosed by the best authorities, recovered under electrical treatment. The first of his cures has now endured for more than six years. We agree. It is better to be impotent than heterodox—therapeutically.

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The elimination of the unfit from the business pertaining to marketing proprietary and ready-made medicines is perhaps one of the greatest blessings to humanity accruing from the reform crusade.—Albright's *Office Pract.*

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The Chicago Laboratory sends out slips of absorbent paper to which blood may be applied for the Widal test. So well perfected is the technic for this work that a report can be sent out from this laboratory within an hour of the receipt of the sample.

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In the *Southern Clinic* for October, Landers has a paper on Empiricism, in which he distinguishes between quackery and the empiricism that is justifiable. The same journal speaks out in manly opposition of ethical pharmacists manufacturing dope for quackery.

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For the hemorrhages of gastric ulcer Aaron (*Diet. & Hyg. Gaz.*) advises codeine phosphate gr. 1-2 hypodermically, repeated every half hour till narcotism. Morphine actually increases HCl secretion, after retarding it (Riegel). Atropine reduces the acid, gr. 1-100 hypodermically. Ergot hypodermically for a hemostatic; adrenalin has sometimes been effective when given by the mouth. Ewald advises ice-water lavage but says an astonishing quantity of blood comes away with the ice-water. Orthoform and anesthesin relieve pain by local anesthesia. For four days feed exclusively by

Pneumonia:—With small frequent irregular rapidly falling pulse, and very weak heart coca is simply invaluable sometimes.—Robinson.

Give black coffee frequently in advanced pneumonia with heart weakness or degeneration when our coca is unreliable.—Robinson.

the rectum, and until the end of the second week give only liquids by the stomach.

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Hotchkiss (*Med. Record*) attributes the relief following drug treatment of gallstone disease to the establishment of a period of latency. Perhaps. But if every case treated with sodium succinate, etc., for a quarter of a century, had as a result established a period of latency enduring for years and as long as the patient remained under your observation, wouldn't that satisfy you?

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In the *Journal of the Michigan State Medical Society* a sensible editorial points out that there is no such thing as antagonism between the laboratory worker and the clinician. We are glad to hear it, and earnestly hope that the former may be induced to recognize the fact that the world still offers a foot-hold which the clinician may rightfully occupy.

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The isolation of the alkaloids of the most active drugs is a gift of the past century. Their number is constantly increasing, and is now so large that there is hardly a botanical drug, the use of which is often indicated, that cannot be had in this form. Accuracy of effect and ease of administration are both assured by their use.—Heffron, *Therapeutic Gazette.*

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Horlick's malted milk bears the same relation to the crude foods that the active principles bear to the crude plants from which we extract them. When palatability, smallness of bulk with maximal nutritous value, quickness of digestion, absorption and assimilation with the least possible work exacted of the digestive system, and the absence of all irritation, are desirable, we naturally think of Horlick's malted milk.

In the *Kansas City Medical Index* for October, St. Elmo Sanders tells how they treat morphine and cocaine habits in the general hospital of that city. The method consists in the hypodermic administration of one solution of morphine and strychnine for all cases. The doctor has got his hands on one leg of the elephant all right; if he gets his eyes open he will find, however, that the elephant is not all leg.

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In *The Medical Summary* for September, Dr. R. J. Smith's excellent paper on Pneumonia shows that mental activity is compatible with residence in Utah, and that up-to-date ideas and practise flourish there as well or better than they do in the East.

But that the East is not all dead, but still puts out some living shoots, is shown by Dr. Birchmore's paper on the Severe Colds of the Dog Days. Whenever this man undertakes to discuss a subject we are certain to obtain an insight into it and light upon it, not to be secured from any other source.

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The always bright *Critic & Guide* seems to have thoroughly outdone itself in the October number. We started to call attention to the editorial headed: "Have Drugs Any Value," but before we finished, we had marked down almost every item in the issue as deserving special comment. In the one named, Dr. Robinson offers a wager of $1000 to the drugless healers and therapeutic nihilists for a competitive trial of skill in the treatment of two similar cases—he to use drugs, the other to use anything else he pleases. This is getting down to dots. An incredible amount of "hot air" has been expended in denunciation of drugs; these people now have an opportunity to "put up or shut up."

The outcome of pneumonia is a question of the vital resistance of the patient; to stand the storm till crisis.—Robinson.

The virulence of pneumonia is not due to the lung involvement but to the degree of toxemia.—Beverley Robinson.

AMONG THE BOOKS

AGNEW'S RECTAL DISEASES.

Hemorrhoids and other non-malignant rectal diseases, diagnosis and treatment, by W. P. Agnew, M. D., 4th edition, San Francisco, Cal.

This monograph of 209 pages is an excellent manual on rectal diseases. We have read these pages with growing interest to the last. The author does not speak in set text-book language, which, though good enough in its place, does not yet always rivet the attention of the active busy practician, who desires to get at what a similar fellow practician has to say on this, that and the other subject of a disease and its treatment.

The first seventy-three pages of the book treat of hemorrhoids, the treatment of which by injection of carbolic acid, not much diluted, constitutes the burden of the author's teaching. He is well aware of the respectable authorities who antagonize this treatment, but he is also not less convinced from his own extensive experience that those authorities "know so little" of the true method of that treatment, of the discovery of which he does not hesitate to say that it "marks an epoch in the history of medicine unrivaled in advancement of any other disease or class of diseases to which the human family is subject." And while the terse pointedness of the author's statements are enjoyable by the old practician, his detail of symptoms, diagnosis and procedure are amply sufficient for the mere beginner too, and far more so than he is apt to find in general text-books, or even hear in some lecture room.

On p. 43 the author refers to "spasm of the sphincter as an accident resulting from an operation on internal hemorrhoids." In this case we would recommend a granule of hyoscyamine amorphous, gr. 1-250, given best in hot water, one every fifteen minutes until the desired effect is produced. There is for the present no surer and safer antispasmodic known than this alkaloid, but it must be pure and accurately prepared. The detail of treatment and after-treatment of internal hemorrhoids on pp. 32 to 44 are full and excellent. So too is the discussion about the uselessness of weak solutions of carbolic acid for injections. The resume on p. 55 tells the whole story as it were *in nuce* and it is not hard to crack either.

Pp. 57-73 contain a chapter on accidents, the detailing of which must kindly prepare the novice, and also relieve the old hand too under such trying circumstances.

The chapter on rectal examination is rather brief, but sufficient as introductory to that skill which practice alone can give.

In the other part of the book which treats of other rectal ailments the author is less original, except in that of fistula, but he is always careful to adduce the best authorities and give his own ideas about them. In matters of complications in the after-treatment of operations the author is very much to be lauded for the details which he gives. The chapter on fistula in ano is very full and good. But the author is too over-confident in the side he is taking in respect to the relation of phthisis to rectal fistula. On p. 116 he states Allingham's views, which we find more guarded, and his experience in that disease is probably the most extensive at the present time. The section on rectal ulcer is good and useful.

In reference to anal fisure we desire to call the attention of the reader to an accident which simulates this trouble. It may happen to persons who eat and swallow hastily that in eating an apple they would swallow the scales of the core which may lodge edge ways in the plicae of the sphincters and cause great pain, simulating that of fissure.

On p. 161 the word "Paquelin's" is not in place. The author is to be thanked for citing so fully Dr. E. F. Hoyt on pp. 176 and 182, whose racy, prickly style is as uniquely enjoyable as his advice is valuable.

As to graduated rectal dilators, it may be worth while to mention that Epstein makes them of different thicknesses of lead pipe, whose distal ends can be easily beaten together and shaped to any form desired. One advantage of these dilators is that a sponge of hot water can be applied to the near end and thus make the retention of the instrument in the rectum more tolerant and for a longer time.

As to flushing the colon, and A. Wilford Hall, Ph. D. and LL. D. The old man was not a quack or a charlatan, but a cross between an enthusiast and a benevolent egotist, who was honestly persuaded that what he knew and as he knew a thing no one else does, and that it was therefore incumbent upon him not to stop shorter in his efforts for the good of humanity, himself included, than that of forming a school, a sect, or something that can be perpetuated longer than a single human life. He is the same Hall of the Substantial Philosophy and the Problem of Life both in prose and verse, and he made as much noise about the one as about the other, although much more than the little good it has done.

Dr. W. P. Agnew has done an important service to the profession and we heartily recommend his book to all physicians who desire to have a reliable and practical treatise on the subject.

FOLTZ'S DISEASES OF THE NOSE, THROAT AND EAR.

Diseases of the Nose, Throat and Ear, for Students and Practitioners of the Eclectic School of Treatment, By Kent O. Foltz, M. D. of the Eclectic Medical Institute of Cincinnati, Ohio. Published by the Scudder Bros. Co., Cincinnati, O., 1906. $3.50.

In the March number of THE ALKALOIDAL CLINIC of 1901, p. 243, we reviewed the author's work on "Diseases of the Eye" and had, with but one homeopathic exception a good deal of good to say about it. What especially induced Dr. Foltz to publish his work on the eye was that "little attention is given to internal medication in the treatment of eye diseases." The same "ignoring practically everything but local measures in the treatment" of diseases in the upper respiratory tract induced the doctor to publish the work before us. We agree with the doctor in constating the lack he finds, and are inclined to ascribe it to the general defection from the therapeutic faith once delivered to the profession of medicine. That defection cannot be charged against the eclectic school, and the service he is doing with the present book deserves thanks. Of course he is "specific" in the "liquid drugs" he recommends, and specific too in their manufacturer, which looks to us a little *de trop*, and almost reduces these "liquid drugs" not to the level of secret nostrums, which they are by any means. But barring the "whole plant" idolatry which we do not think is an essential article in the eclectic faith, we "alkaloidists" and other free practicians can find much good to learn from his school. And often enough we translate the "whole plant" remedy into the terms of

Ovarian Disease:—There's lots in the removal of irritations, absorption of debris, regulation of hygiene and incitation of vitality.

Ovarian Disease:—Study gelseminine, cicutine, anemonin, helonin, aletrin, macrotin, alumin, sanguinarine, apocynin.

active principles" and are thankful for the success thus obtained.

The book contains 621 pages and many illustrations. It is thorough, modern and practical, and will be a very grateful addition to the general practician's as well as the specialist's library. But either one will have to get first thoroughly acquainted with the book as a whole in order to derive the full benefit in referring to it. An innovation this book made is not to have a table of contents, which is far from being an improvement on the old way.

INTERNATIONAL CLINICS.

International Clinics, Vol. II, Sixteenth Series, 1906. Edited by Dr. A. O. J. Kelly of Philadelphia, with the collaboration of eminent authorities from home and abroad. Publishers J. B. Lippincott Co., Philadelphia and London, $2.00.

This volume contains twenty-five articles on such subjects as the Treatment of Chronic Cardiac Valvular Diseases; Treatment of Acute Nephritis; Treatment of Migraine with Cannabis Indica; of Prophylaxis of Nervous Diseases with reference to School Pediatrics. In Medicine it has articles on Pulmonary Abscess, Pulmonary Gangrene, Uric Acid, somewhat novel but very plausible, Persistent Vomiting, Discarded street cars for open-air treatment of Tuberculosis, Unusually large Aneurism of the Abdominal Aorta; Cardiac Lesions and Arteriosclerosis, Letter from Paris on X-Rays and Sterility, Heroin Addiction, Serum for Goiter, Hemophilia. In Pediatrics, on Breast-fed Infants and Constitutional Disorders. In Neurology, on Hysterical Neuroses of Stomach and Rhythmical Borborygmi. In Surgery an extensively illustrated article on Mammary Tumors, Jacksonian Epilepsy due to Brain Tumor; Tuberculous Abscess of Shoulder-joint mistaken for Progressive Atrophy. Fractures; Experimental Surgery in Nephritis, Umbilical Disorders. In Obstretics, Hydrocephalus and Dystocia, Perineal Repair, Female Gonorrhea, Ectopic Pregnancy, Choice of External Medical Agents in Gynecology. In Laryngology, on Intertracheal Laryngeal Injections.

And $2.00 for all these makes eight cents an article. To some reader some article may be of inestimable value.

WELLCOME RESEARCH LABORATORIES.

We are in receipt of the Second Report of the Wellcome Research Laboratories at the Gordon Memorial College, Khartoum. The Director is Dr. Andrew Balfour, under whose charge this splendid work has been ably inaugurated. It is interesting to know that the founder of this institution, Mr. Henry S. Wellcome, is an American, as is also the Chemist, Mr. William Bean.

The volume before us is a beautiful one, profusely illustrated both in black and color, and containing a rich record of scientific work contributed by the staff of the Laboratories. Particularly interesting is the part devoted to the study of the insect pests of the Soudan, and to the parasitic diseases which in recent years have played so important a part in the opening up of Africa—such for instance as malaria, trypanosomiasis, filariasis, etc. The report of the chemist is also interesting and covers studies of Nile waters, milk supplies, gum arabic, arrow poisons, magic powders, etc. The work of these laboratories is very promising.

HIGGINS' HUMANICULTURE.

Humaniculture By Hubert Higgins, M. A., Cantab., M. R. C. S., England, L. R. C. P., London, Demonstrator of Anatomy

Ovarian Disease:—The influence of drugs here has scarcely been investigated, much less exhausted and hopeless.

Wealth:—The modern standard of success. Fools worship it, ascetics despise it, wise men use it.—Finley, *Century*.

at the University of Cambridge, etc. Price $1.20 net.

This is one of the books which have grown out of the work on the physiology of digestion of that well-known literary man, Horace Fletcher. It will be remembered that a few years ago Fletcher upset the currently accepted theories concerning the amount of food necessary for nutrition. Voit and others had placed the minimum amount requisite for an adult man at about 3,000 calories, expressed in heat units. Fletcher showed that by thorough mastication and complete insalivation the amount could be reduced to half, or to about 1,500 calories. This was proved by experiments made in Cambridge University under Sir Michael Foster, and at Yale by Prof. Chittenden. This book is a discussion of "Fletcherism," as the author calls this new idea. After outlining the history of this new movement and its scientific bearings he goes on to a further discussion of methods of raising the physical standard of the individual, or "Humaniculture," to which "Fletcherism" is merely the introduction.

Dr. Higgins himself owes much to "Fletcherism." When Fletcher came to Cambridge, the writer of this book was in poor health which was entirely relieved through adopting the Fletcher idea and putting it into practice in his own person. Naturally he became enthusiastic. Giving up his University appointments he is devoting his entire time to what he calls this "World's Department for the Understanding of Man."

REPORT OF ONCOLOGIC HOSPITAL.

American Oncologic (ongkos—tumor) Hospital, for the Treatment of Cancerous and other Tumors. First Annual Report. Philadelphia, Pa., 45th and Chestnut Sts.

This is a charitable institute scientifically organized for both study and treatment. Some of the most prominent of the medical faculty of Philadelphia are members of the board and medical staff. There are some very valuable items in this report and our readers will do well to get it. We see no price mentioned for it.

With the report came to us a reprint from the *Journal of Advanced Therapeutics* on "The Choice of Methods in the Treatment of Operable cases of Cancer by G. Betton Massey, M. D., read before the N. Y. Academy of Medicine. A good deal of interest attaches to this paper and the discussion about it.

OVERALL'S "PROSTATE GLAND AND ADNEXA."

A non-surgical treatise on their diseases by Dr. George Whitfield Overall, A. B., of Chicago, is republished thi year with valuable additions to pp. 64–65, 102–103, 136–137, containing new valuable devises and cases. We gladly commend this new issue as we did the previous one in the CLINIC, p. 744, of last year.

Rowe Publishing Company, 1906, Chicago. $2.00.

POTTER'S COMPEND OF MATERIA MEDICA.

A Compend of Materia Medica, Therapeutics and Prescription Writing, based on the present U. S. Pharmacopeia by Prof. S. O. L. Potter, Seventh revised and enlarged edition. Philadelphia, P. Blakiston's Son & Co., 1906. $1.00.

The name of Prof. Potter is sufficient guarantee of the good teaching quality of the book. We can conscientiously testify to its excellence.

We feel better. The *Medical Fortnightly* approves of reading in bed, as a means of composing the mind to sleep.

One of the penalties of fame, says *Med. Fortnightly*, is the posthumous repute of insanity. Still, we won't mind it then.

CONDENSED QUERIES ANSWERED

PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

ANSWERS TO QUERIES.

ANSWER TO QUERY 5069, in CLINICAL MEDICINE for August. Cancer of the lip is better treated by the mercury-cataphoric method. This requires a galvanic battery of from twenty to sixty cells according to the number of needles used in the operation and the size of the ulcer. The needles are made of pure zinc, amalgamated with mercury. They are attached to the positive pole of the battery, the negative being connected with a large clay pad, placed upon the back of the patient. A reliable milliamperemeter and controller are essential.

Anesthetize the patient, chloroform being preferable as a rule, insert three or four needles into the tissue about two lines from the edge of the ulcer. Gently turn on the current and gradually increase the quantity until three to four hundred milliamperes are registered, carefully watching effects. Add more needles as the current goes up, and bring forward those that have shown sufficient action, until the whole of the affected area has been cauterized. The time consumed in the whole operation after inserting the first needle may be from twenty to forty minutes according to the size of the ulcer.

The current is to be very slowly turned off so as to avoid giving a shock. The sore is to be dressed as may seem advisable, but with simple dressings at first. As the slough comes away, a solution of potassium permanganate or peroxide of hydrogen, or both, may be used to keep the parts clean. The slough will all come off within two or three weeks, leaving, as a rule, a healthy sore, which is to be treated as indicated by the conditions. If any point needs retouching, it can be done under cocaine, using from twenty to forty milliamperes of current for ten minutes or more as may be required. Repeated operations of this character with the most happy results, convinces me that this is the ideal method of treating operative malignant growths. It is safe and much more effective than any other method of operating, as the current carries the mercury into the surrounding tissues, destroying the so-called cancer germ. Furthermore, the operation is bloodless, and painless.

W. H. WALLING.

Atlantic City, N. J.

ANSWER TO QUERY 5092:—I notice in your September number of THE AMERICAN JOURNAL OF CLINICAL MEDICINE "Query 5092" an article on "Caulophyllin in Rigid Os." This drug will not only relieve a rigid os, but will surely induce proper labor pains. Only today I was called to see a case of labor, the patient having been in labor seven hours. On arriving at her home, at that period, her pains had ceased. I gave her a teaspoonful of a solution of fifteen drops in about eight ounces of water every five minutes. In twenty minutes I had my baby.

I am surprised that my brother "W. J. S., Kentucky" has not had success with this "Godsend" of a drug—which in my hands has been never failing. He reminds me, however, of the farmer who had occasion to go over his farm on horseback. He was obliged to cross a brook which was thinly frozen over. The horse stepped on it and fell through. The following spring he went over the farm again, this time the brook was free of ice, but the horse refused to cross it. The farmer said, "Old horse,

your memory is good, but your judgment is poor."

J. H. Demarest.

New York, N. Y.

Answer to Query 5110:—On page 1472, appears query 5119, from J. D. D., of New York, regarding "Psoriasis." I concur in the editor's foot-note, regarding the probable cause, and the line of treatment suggested towards the removal of systemic causes, therein contained. For the benefit of J. D. D., and any others that may be interested, I wish to give my experience with psoriasis. I have had most excellent results treating this condition, with the Roentgen ray. In fact I have been able to relieve every case treated with the rays. However, there is usually a recurrence of the trouble in 50 per cent of the cases, several months later. For the itching, I use the following: Menthol, acid salicylic, aa. gr. 15; adeps benz., lanolin, petrolati, aa. oz. 1-2. M. ft. ung., S. Apply locally after thorough cleansing. Internally, use phosphorus in 1-50 grain doses, three times daily.

Lindsay Vinson.

Huntington, W. Va.

Answer to Query 5119:—"Psoriasis." In addition to elimination as advised by the editor, I would recommend the external treatment: Put patient in a warm bath for one-half hour and rub body with green alkaline soap in order to remove as much as possible the scales which adhere to the blotches. Then apply with a stiff brush, oil of cade. Don't dress patient right after application of the tar but let it dry on body first. Repeat this once or twice a day.

R. J. Wenzel.

St. Joseph, Mo.

:o:

For further "pointers on the treatment of this disease see a brief article by Dr. Robinson, in the department of "Dermatology, Venereal and Sexual Diseases." —Ed.

QUERIES

Query 5133:—"Enuresis." Girl, 8, family history negative, at 6 months had a swelling above vulva, disappeared when two years old. Seemed inflammatory. From two years to six child seemed normal. At six she began to lose control of her urine, and it has gradually grown worse. Never wets bed, is all right while sitting, but as soon as she gets on her feet urine dribbles till she sits down. Everything seems normal, and child is healthy in every other respect. The urine never burns or pains her. Examination reveals the following: Albumin, none; sugar, none; reaction, acid; sp. gr., 1.033. No pain at all at any time. Constant dribbling keeps clothing wet; seems to be growing worse. I used bland diuretics as potass. citrat. and spt. eth. nitrosi, also ergotin, gr. 1-2, strych. sulph., gr. 1-200, ext. belladonna, gr. 1-64. For the first week the child did not wet her clothing at all, but since has been as bad as ever.

H. J. J., Iowa.

The high specific gravity is notable, and the urine is probably irritant from its density. Give abundance of drinking water. The trouble lies in weakness of the sphincter, and for this the remedies are strychnine pushed to full effect, and cantharidin, a granule, gr. 1-5000, every hour until slight vesical irritation begins, then suspended till next day and given the same way. Galvanism applied to the urethra would be of use also. The case is a good one for persistence along a well-selected plan of management.—Ed.

Query 5134:—"Psoriasis." I have suffered and am suffering at present with psoriasis on the body and very badly on the scalp. I have treated myself and have been the recipient of treatment from my friends in the profession, and from the best skin spe-

Otitis:—In all congestions and inflammations of the ears substitute cinchonidine for quinine if either is needed.

Do not let a running ear go with a lotion without looking into the external meatus with an aural speculum first.

cialists in this city, without any result other than the disease is spreading to an alarming degree. Can you help me?

J. D. D., New York.

We are quite sure that an ordinary case of psoriasis will yield to the proper systemic and local measures; the latter alone are often useless. Send us a four-ounce specimen of your urine and give us data relative to your digestive powers, the condition of bowel (color and number of stools daily), tongue, appetite, sleep, weight, nervous system, etc., etc. Any rheumatic tendency? Any chance of dye poisoning originally? What has been done and what was done or *is* being done for you at present?

Remember that a restricted diet and active elimination is essential in nearly all cases. Milk and vegetables with fruit (no meat) will as a rule answer best. Anemic patients of course will require meat juices. Alcohol, tobacco and spices with rich foods must be stopped. Arsenic sulphide, gr. 1-67 after meals, for three days and arsenic iodide in an equal amount for the next three days with boldine two, rumicin two, stillingin two between meals and one of the digestive granules before eating will, when taken with a daily saline and calomel and iridin (gr. 1-6 each) hourly for four doses every third night, prove the most effective medication *unless* marked uric-acid retention or non-elemination of urea calls for different remedies. Nuclein, six drops t. i. d., is a most effective internal remedy with carbenzol locally running a close second. Perhaps for the face and scalp this prescription is best: Hydrarg. ammon. gr., 20; hydrarg. chlor mit., gr. 40; petrolati, lanolini aa. oz. 1-2. This should be rubbed in at night. Pyrogallol in a 10 per cent ointment is less toxic than chrysarobin and stains less. It is effective. The preparations of the latter drugs you of course know and may have used. Carbenzol has cured case after case with above named medication. Apply, diluted with pure mineral oil (liquid petrolatum) morning and night; or apply at night and use dolomol-ichthyol powder during the day. It is best to shut oneself in for ten days and *cure* the disease.

Now, Doctor, for a final and often most efficient remedy—thymol. This does not stain and may be used (grs. 15 to the ounce) with lanolin and vaselin. You might well try carbenzol at night; wash well with carbenzol soap in the morning and then apply the thymol ointment.—Ed.

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Query 5135:—"Ulcer of Rectum." Is there a suppository suitable for the treatment of ulcer of the rectum, one I can use in connection with other local treatment?

E. L. M., Missouri.

Ulcer of the rectum will, as a rule, yield promptly to cleansing with boric acid solution and peroxide of hydrogen, drying, touching with pure turpentine and then applying a mild antiseptic astringent of nuclein powder. If the sphincter is involved to any entent it is sometimes necessary to divide the floor of the ulcer. Euarol is an excellent application for ulcers high up in the rectum, but you *must* disinfect thoroughly first. Internally, Doctor, give calcium sulphide gr. 1-6 every hour during the day, two triple arsenates with nuclein after each meal, the antiscorbutic and digestive granules, one of each, before meals; and, every third night, calomel and iridin one, euonymin one hourly for four doses. Iodoform one dram, carbenzol one dram, ext. opii gr. 4, ol. theolrom q. s. to make twelve suppositories is an excellent formula.—Ed.

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Query 5136:—"Emergency Case; Kerosene Enemata; High Enema." I would appreciate your giving in the query department your ideas of what alkaloids and their

The writer was the seventh doctor for an otorrhea and the first who looked in the ear—a shoe button and six orange seeds.

Ovarian Neuralgia:—Waring advised atropine as the most effective remedy. Keep the rectum empty and aseptic.

number one should carry in the emergency case. Also kindly give us the details and methods of the kerosene enemas, and also advise us as to the practical utility of the colon tube apparatus referred to in a late issue of CLINICAL MEDICINE and where same can be obtained.

To my answer in August number to one of your inquiries in which I advised the use of calcium sulphide and nuclein in enlarged tonsils, I have received several letters of inquiry. Unfortunately I have lost or mislaid these letters, having been away from home off and on for two months, but as they all are practically of the same nature, I will say to these gentlemen through the query department, first: That no mistake was made when I said calcium sulphide, and secondly, that this combination has never failed in my hands to relieve any of the ordinary enlargements of the tonsils, either acute or chronic, when this enlargement was due to an infectious process, as such process is ordinarily understood. Of course, this treatment must be supplemented by the cleaning up of the intestinal canal, and the use of the well-known principle of intestinal antisepsis. Some times it takes months to bring about a complete cure, but generally benefit will be noticed after the first few days' treatment.

W. P. B., Texas.

The "emergency case of alkaloids" may consist of from six to twenty remedies but, as a matter of fact, the small vest-pocket case with six vials containing atropine, strychnine, glonoin, digitalin, podophyllin (gr. 1-6) and calomel (gr. 1-6) will cover most *emergency* calls. Apomorphine may perhaps replace digitalin, as strychnine will serve as a prompt heart stimulant and with atropine, strychnine and glonoin the slower drug may be well dispensed with. We look upon the calomel-podophyllin feature as important, as in many emergencies the prompt exhibition of these drugs *to effect* may save the day; gr. 1-6—1-3 each may be given half hourly for six doses—with a saline following—and we are certain then that we shall have a clean intestine within six hours. The 12 vial "emergency case" would contain atropine, aconitine, glonoin, strychnine, apomorphine, chlorodyne, calomel, podophyllin, lobelin, hyoscyamine, elaterin, pilocarpine. Here, we have nearly a full supply of remedies to meet emergency-cases. The fact is, however, that every man will vary the contents to suit himself. The ordinary medicine cases carried by alkaloidists contain, of course, all of these remedies but even at the theater or on the train or cars it is well to have such drugs as these for *immediate* use. Your own knowledge of the action of each drug will enable you to see where and when it should be used. Perhaps members of the "family" will give their ideas as to the best filling?

The coal-oil enema is a simple thing. Simply throw one to two pints of kerosene into the bowel, getting it well up to the mass of fecal matter, and allow it to be retained for ten minutes; then let it come away or fetch it with a quart or two of hot soap-suds. In nine out of ten cases you will clear the bowel. If not, repeat. The coal-oil is harmless. Its softening and disintegrating effect upon hardened feces is remarkable. Quite recently we have cured two cases of supposed "cancer" of bowel with a high injection of coal-oil!

Now as to the "high enema." In the December, 1905, issue of the CLINIC, Dr. Geo. H. Candler has a most interesting article upon this subject and the instrument he there referred to (the Sourwine irrigating plugs and tubes) is advertised in this journal. There is no question as to the constant value of these tubes and retention plugs; with them we are able to pass a tube as high as we wish and fill the bowel or vagina, at the same time dilating the sphincter with the perforated hard rubber plug.—ED.

Ovarian Neuralgia:—Ext. cannabis gr. 1-6 and camphor monobromide gr. 1, every hour, for spasmodic pains.

Ovarian Neuralgia:—Under no circumstances give any opiate except for the pain of temporary inflammation, and then only codeine.

QUERY 5137:—"Veronal—The Alkaloids and Positive Therapeutics." Veronal comp. does not meet my expectation at all. I used it in two cancer cases with no favorable result and hence I, as yet, have no faith in the formula. Why did it fail me?

I have not used any of the other alkaloidal remedies at all and I have been so long accustomed to specific tinctures that I find it hard to break off from what I have learned to depend upon with so much satisfaction, however. I suppose the time may come when I will have an opportunity to use them and in reading your journal the ideas advanced appear plausible and sensible.

W. D. G., Missouri.

Now, Doctor, if there is a really reliable soporific upon the market, veronal merits that appellation, (but it is not in any way "alkaloidal") and we must say that this is the first complaint of its inefficacy we have heard. Bruce's Materia Medica (last edition) briefly says: "Veronal is a powerful hypnotic producing within half an hour to an hour quiet, dreamless and refreshing sleep. It possesses the advantage of causing no disturbance of the visceral functions. .... It has been found to be especially useful in the insomnia of neurasthenia, mental disorders, morphinism and alcoholism. *It does not relieve pain.*" Probably this statement covers the ground as fully as is necessary. Veronal will give your cancer patient dreamless and quiet sleep, but you will have to relieve the *pain* by other means. Hence your disappointment so far.

If the cancer is broken down and "get-at-able" apply orthoform freely and then try the veronal comp. in fairly full doses. If the case is desperate and incurable we should continue to use an opiate.

We trust that you will find an opportunity to use the active principles from time to time, and, believe us, you will very soon appreciate, as thousands of eclectics already appreciate, their superiority to even the specific tinctures; the latter are "the next best thing" to the alkaloids, especially when used by the dosimetric method. The dosimetrist, as you know, does not treat the disease named but the condition present in his patient, diagnosing closely and giving the remedies indicated in small oft-repeated doses to effect, remedial or physiological; and if we do this and at the same time clean out and keep clean the intestinal tract so that the medicine and foods can be absorbed, and support the vitality of our patient (paying special attention to the heart) we must attain therapeutic results which otherwise would be impossible.—ED.

Ovarian Neuralgia:—When there is local tenderness give alnuin, five granules every four hours till relieved.

QUERY 5138:—"Enlarged Spleen." I now have a case of enlarged spleen on hand, the tumor extending half across the abdomen to about half an inch right of umbilicus. The liver is also enlarged and quite hard, dulness extending to one and one-half inches below the ribs. This case has been in the hands of each physician in town and several quacks passing through. Would like to have your idea as to treatment with positive therapeutics.

The patient is a man, 35 years of age, married, rather well-nourished, though with sallow complexion, bowels constipated. Liver sluggish and necessary to take purgatives frequently in order to be about his work. Butcher by profession, has been working in bottoms and has had malaria for several years. Spleen very much enlarged and hard. Circulation fairly good. Good appetite.

F. J. A., Arkansas.

In this case of enlarged spleen we would suggest the use of arsenic bromide one after meals, berberine two, chelidonin two before eating, quinine hydroferrocyanide two and ergotin one mid-way between meals; small doses of blue mass and soda, or calomel gr. 1-6 every hour from 6 to 10 p. m. every third night will be efficacious. The inunc-

Ovarian Neuralgia:—For severe local tenderness and pain give gelseminine a granule every hour till eyelids droop.

tion, daily, of a piece of ung. potassium iodide will also be of service to you.—Ed.

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Query 5139:—"What Cured Her." Mary ——, white girl, farmer's daughter, aged seven years; good physical condition, good appetite, plump; not constipated. Every morning as yellow as her father's pumpkins; by 4 p. m. she would be a good color and stay a good color until morning. Treatment: (1) Calomel, gr. 1-10 every half hour for ten doses: Result, good color for two days, then a return of jaundice. (2) Sodium phosphate, 1-2 ounce every day before breakfast: Result, good color until sodium was stopped, then jaundice returned. (3) Phytolaccin, gr. 1-6 every hour for three days: Result, entire recovery, and she has staid cured now for nine months.

Question: What cured her?

H. A. S., Maryland.

We just let the whole matter appear in the Journal and see what the family's answer is to your question—"What cured her?"—Ed.

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Query 5140: "Colic and Obstinate Constipation (Infantile)." A baby four months old, constipated since birth, sometimes goes six days without action of bowels, usually three, has colicky spells which call for anodyne treatment (Waugh's). The baby cries and gives evidence of the greatest pain. The external appearance of the babe is about normal, no stricture of anus, no obstruction of bowels to be found, skin dry and dirty, stools described as "just as natural as you ever saw." When I called yesterday afternoon for the first time I found baby in paroxysm of pain, threatening convulsions which promptly yielded to Waugh's anodyne. Mother constipated as badly as babe; says she seldom goes over a week without action! I suggested oil to which they objected, as the doctor who had been treating the babe said it would not do. I gave the oil, left baby easy, left the anodyne granule, exhibited rhubarb compound for the mother's benefit, juglandin and chionanthin for baby. I confidently expect the bowels to expel contents. Today I shall give the intestinal antiseptic and await hearing from you. The mother objects to bathing baby as it is "nervous" and easily scared.

J. M. H., Indian Territory.

You are "up against" one of those aggravating cases which call for firmness and positiveness on the part of the physician as well as "the right remedy at the right time." First and foremost, Doctor, the diet requires attention: You must carefully regulate the amount of fats present until you get better bowel condition. At the same time give at least twice a day a little oatmeal water, say two teaspoonfuls, to which add half a teaspoonful of syrup of prunes with senna. Make this as follows:

Take the stones from a pound of prunes and place them upon the stove in a quart of water. Add four ounces of sugar and one ounce of senna leaves. Let this mass simmer slowly for two hours or until the fluid has evaporated one half. Strain with pressure, bottle the syrup and give as directed. If the child is very constipated you may give half a teaspoonful morning and night. Do not forget that water—pure cold water—is essential and should be given often.

You do not say whether this child is on the breast or on the bottle. If on the breast examine the mother's milk; if on the bottle be very careful as to the composition of its food.

Nothing equals glycerin in these cases: You can either insert a small glycerin suppository twice daily into the rectum, or you can inject a little glycerin with hot water; perhaps the latter is the more efficacious.

The less drugs you give the better, but you will find it an excellent plan to start off the treatment with calomel with aromatics, gr. 1-10, and repeat every half hour for three to four doses. Then let the child take a few mouthfuls of saline lemonade

Ovarian Neuralgia:—For pain, tenderness and fever, headache, give aconitine a granule every half hour till pulse is normal.

Ovarian Pains:—For chronic ovaritis give ergotin a grain four times a day for a month, watching for vascular stop.

from the bottle or with a spoon and you will get thorough evacuation of the intestines. Then proceed as suggested. Massage over the abdomen with the hand slightly moistened with warm olive oil will also be of benefit. By all means have this child bathed thoroughly morning and night during the hot weather.

The anodyne (containing codeine) is of course apt to add to the constipated condition. Try the calmative for children (Candler's formula) dissolving one in eight teaspoonfuls of hot water and giving one-half teaspoonful every fifteen minutes to effect. The use of castor oil is of course perfectly allowable, but we believe the measures we have suggested are even more efficacious.—Ed.

Query 5141:—"Duodenal Catarrh." Frances J., two and a half years old, recently came from England, previous health good; about a month ago appetite began to fail and bowels became loose. Almost every time after she would try to eat bowels would move. Every motion was a large odorless, colorless, pultaceous stool. Present condition: Pale, emaciated, dark rings around eyes, pulse weak but normal, temperature normal, stomach distended, not soft but her mother says often hard; flesh soft and flabby, very irritable and peevish. Tongue somewhat coated, sometimes worse than at present. Breath sometimes foul, occasionally feces have an odor. Gave her calomel, podophyllin and soda bicarbonate, then syr. calcis lactophos. There was a short temporary improvement, condition returned with more pain in the region of stomach, second course of calomel failed to give improvement. Appetite now almost nil, put her on restricted milk diet, amount of feces out of all proportion to food ingested. Five or six large motions a day. I would like for you to send me whatever remedy you think indicated.

R. B. C., Canada.

First of all, Doctor, give this child blue mass and soda two granules, podophyllin gr. 1-12 every hour for four doses, and two hours later give a teaspoonful of saline laxative in weak lemonade. As soon as the bowels have begun to move commence to give a solution of the intestinal antiseptic tablet, or half a tablet in powder followed by water, every three hours. Half an hour before eating give quassin one granule, rhein one and juglandin one. Immediately after the meal give papayotin, two granules, with a little jelly or sugar and a swallow of water. Between meals give a teaspoonful of syrup of glycerophosphate, and morning, noon and night drop on the child's tongue six to ten minims of nuclein. After a week you can stop the papayotin and give the triple arsenates with nuclein, or you may add it to the papayotin, sanguiferrin, bovinine, or even fresh beef juice (expressed from steak with the family lemon squeezer) will help this baby.

Are you sure you have not worms? Carefully regulate the diet here, Doctor, and limit it to baked potato, cereals (well-cooked), broiled and roast meats (fresh) well-cooked vegetables, fruit, with a fresh egg once daily. All bread should be one day old, preferably two. Oatmeal should not be allowed but well-cooked barley gruel, cracked wheat and corn-meal may be given with a little cream with advantage.—Ed.

Query 5142:—"A Long Cord." Recently I had a confinement case in which labor lasted about ten hours. Pains were quite regular and strong but the head would not engage in bony pelvis, so forceps were applied, head brought down, forceps removed, head delivered and finally 13½ pounds still-born male baby. The cord measured 57 inches long and was tied in middle in a double hard knot, which I think caused death of fetus by cutting off circulation. Mother had felt no movements of child for several days, so she afterwards

Ovarian Pains:—Remove encumbering debris by giving mercury biniodide, iodoform, arsenic iodide and phytolaccin.

Ovarian Pains:—Always remove local irritation by clearing and disinfecting the bowels and keep them so throughout

said. Post-partum hemorrhage was quite severe but finally controlled; mother made good recovery. Have any other members of the family had similar cases of long cords being tied and is it not probable cause of death of child in utero.

M. B. S., South Dakota.

The knotting of cord *in utero* is of-course a positive cause for a child's death. Long cords are not very unusual, the length varying from forty to sixty centimeters and a cord of three meters has been reported more than once. Whenever the cord is unusually long there is a predisposition to twisting, knotting or prolapse. Quite often a loop becomes caught around the fetus and nine turns around the neck have been noted. Whenever sufficient tension exists in the cord to shut off circulation death of the fetus must promptly ensue. However if the knot is not tight enough to occlude the lumen of the vessels the fetus may continue to live even though two or more knots exist.—Ed.

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Query 5143;—"Ovaritis." There is a woman under my care whose trouble is a puzzle to me and has been to others before me. This is her history, so far as my observation goes, and I would greatly appreciate some help and advice. Mrs. S., 46, well-developed, five feet eight inches tall, five children, all living and well. Following her last child, thirteen years ago, she had septicemia, lasting eight weeks; well and strong since until March when following menses she was attacked with severe pain in her right side extending down her thigh, with severe nausea and vomiting, and much flatulence. Pain controlled only by morphine hypodermically which caused nausea and vomiting all night. The following day she was weak but otherwise in good condition, no more pain. These attacks continued six months, never beginning until menstrual flow (which lasted three or four days) had ceased. In August, September and October she had similar attacks before and after menses.

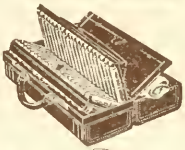
Examination showed slight retroversion of uterus with prolapse of right ovary into Douglas's pouch. I treated her with ichthyol and glycerin tampons and after congestion had improved introduced a Hodges pessary which gave some relief while on her feet, but did not prevent return of "cramps." In November both ovaries were removed and ventral suspension of uterus provided. Convalescence was protracted and on the fourth or fifth day she had another attack. Menses lasted only about half an hour and very slight. In December menses scanty and followed by another attack. At present she is greatly troubled by nightsweats, is weak and fears more attacks. Never had nightsweats before operation. Has had chronic bronchitis for some years, but repeated examinations have failed to show tubercle bacilli. Has never had any elevation of temperature with attacks. Before operation abdomen very tender on right side and during attack, she asserts, that there is considerable swelling of the abdomen in the region of the right ovary. Since operation tenderness gone. "Cramps" are more on left side now and extend towards left shoulder. Urine normal, kidneys not movable, appendix normal. Right ovary was atrophied and very hard. Left nearly normal. Bowels formerly constipated but she keeps them regular with occasional doses of calomel and saline. There were no adhesions in pelvis. Bromides or chloral will not prevent an attack nor will morphia per mouth even if given four grains on day of attack, gr. 1-4 will stop pain but gr. 2 hypodermically will not cause sleep. Camphoric acid or picrotoxin does not stop sweating.

J. M. J., Pennsylvania.

The case you describe is one which would puzzle most practicians and only the most careful physical examination will clear up the diagnosis. It is a question whether there are not adhesions *now* with appendicular involvement. The present symptoms and non-relief (post operative) would lead us to suspect tubercular infection. Of course the age of the patient must be considered and the possibility of "habit spasm."

Ovarian Pains:—Get rid of endometritis by swabbing the cavity with euarol and rendering the vagina aseptic.

Ovarian Pains:—Excitation of the sex appetite without gratification may render the problem exceedingly complicated.



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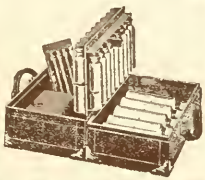
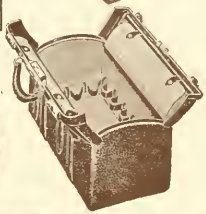

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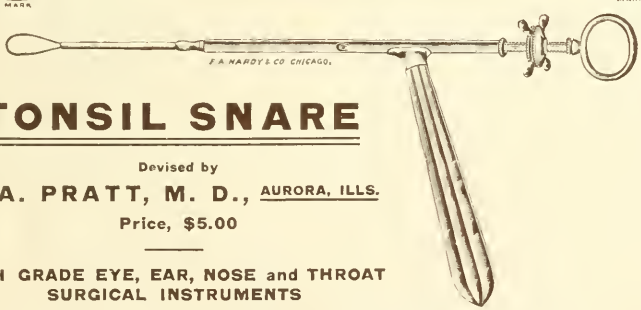

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